

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

VOL. XLV.—No. 2

MARCH 1ST, 1938

PRICE NINEPENCE

CALENDAR

Tues., Mar.	1.—Dr. Evans and Mr. Girling Ball on duty.	Wed., Mar.	16.—Surgery : Lecture by Mr. Girling Ball.
Wed., „	2.—Surgery : Lecture by Mr. Vick.		Association Match v. L.S.E. Away.
Fri., „	4.—Prof. Witts and Prof. Paterson Ross on duty.	Fri., „	18.—Dr. Evans and Mr. Girling Ball on duty.
	Medicine : Lecture by Dr. Harris.		Medicine : Lecture by Dr. Graham.
Sat., „	5.—Association Match v. King's College. Home.	Sat., „	19.—Rugby Match v. Metropolitan Police. Home.
	Hockey Match v. Reading University. Away.		Hockey Match v. Folkestone Optimists. Away.
Mon., „	7.—Special Subjects : Lecture by Mr. Higgs.		Last day for receiving other matter for the
Tues., „	8.—Dr. Chandler and Mr. Roberts on duty.		April issue of the Journal.
	Abernethian Society : Clinical Evening.	Mon., „	21.—Special Subjects : Lecture by Mr. Bedford
Wed., „	9.—Surgery : Lecture by Mr. Roberts.		Russell.
Fri., „	11.—Dr. Gow and Mr. Vick on duty.	Tues., „	22.—Prof. Witts and Prof. Paterson Ross on duty.
	Medicine : Lecture by Prof. Witts.	Wed., „	23.—Surgery : Lecture by Prof. Paterson Ross.
Sat., „	12.—Association Match v. Queen Mary's College.	Fri., „	25.—Dr. Chandler and Mr. Roberts on duty.
	Home.		Medicine : Lecture by Dr. Graham.
	Hockey Match v. St. Thomas's Hospital. Away.	Sat., „	26.—Association Match v. H.A.C. Home.
Mon., „	14.—Special Subjects : Lecture by Mr. Capps.		Hockey Match v. Staines. Home.
Tues., „	15.—Dr. Graham and Mr. Wilson on duty.	Tues., „	29.—Dr. Gow and Mr. Vick on duty.
	Last day for receiving letters for the April		
	issue of the Journal.		

EDITORIAL

THE STUDENTS' UNION COUNCIL

IT is a mistake to think that Councils and Constitutions are necessarily dull. Big issues often depend on what at first sight appear stupid little details of red tape. This is usually not the case, for in practice it is soon found that for a Committee to work efficiently there must be some recognized and invariable form of procedure. Otherwise tyrannies will abound.

Student affairs in the Hospital are controlled by the Students' Union Council, and it is through the individual efforts of its members that most of

the necessary administrative work is performed. Yet strangely enough there is very little general interest or enthusiasm in the activities of the Council, and without this any representative body is virtually dead.

Two things this month have focused our attention on the Council. The first is the election of representatives which takes place yearly in the first week in March, and the second is the recent decision not to associate with the National Union of Students. The latter serves as an example of

the type of work undertaken by the Council apart from such everyday questions as groundsmen's hours, sign-posts for Chislehurst and so forth. It also shows the very important relationship between the Student Council and the College Committee, for the Council is the official intermediary between the individual student and the College Authorities.

The nearness of the Election emphasizes the fact that every student must know something about the representation on the Council if he is ever to raise his voice either in support or criticism of it. This particularly applies to our stimulating, though wayward, brotherhood of malcontents. If more of their energy was diverted to using the already existing channels of authority their contributions would be far more welcome, and we believe more useful also.

ON February 4th an application was made for affiliation of the Students' Union of the Hospital to the Medical Subsection of the National Union of Students. This was accompanied by a report on the aims and objects of the Medical Subsection.

In last month's JOURNAL we gave some notice of the National Union of Students, and said that a delegate had been sent from the Hospital to an open meeting for medical students in January. This was not so, and the Student Union Council denied having authorized the supposed delegate, and dissociated itself entirely from his remarks at the meeting, namely—"that the students and authorities should co-operate to improve medical education. Grumbling was widespread amongst the students, who felt that their work was improperly arranged and made needlessly difficult by overcrowding. The chairman of the L.C.C. Hospitals Committee had more than once offered to throw open the L.C.C. Hospitals for teaching purposes. . . . The N.U.S. was doing students a service by helping them to take a progressive and active interest in their work".

Having clarified this point the Council then considered the Report itself. This consisted principally of an account of the formation of the Medical Subsection of the National Union of Students and a list of resolutions passed by the Medical Subsection. The more important of these were :

(a) To attempt standardization of the Curriculum of the various medical schools, and to promote inter-hospital exchanges of "clinical units". Also to organize an exchange system with Hospitals abroad.

(b) To make entry into Hospitals competitive, but at the same time to extend facilities by more scholarships, by "encouraging the extension of buildings, hospitals, etc. ; by throwing open Municipal hospitals for students' tuition and by removing the restrictions on the entry of women".

(c) "The introduction of a Tutorial system whereby each Honorary took a special interest in a small group of students from different years from the time of their entry until graduation."

(d) Lastly a pious expression of opinion "that there is a real need for extension in the field of employment of Medical Graduates, especially in, etc."

We will now quote from the Minutes of the Students' Union Council :

"A lengthy discussion ensued, and much adverse criticism was levelled at the report, the general opinion of the Council being that all the points raised in the report were being adequately dealt with by the competent University Medical Authorities and that these were certainly not the business of the Students. . . . Prof. Paterson Ross reminded the Council of the immense amount of trouble, money and time which the Medical Authorities, of this Hospital at any rate, have already spent and are spending to better and make more productive the life of the Students."

A unanimous vote of confidence in the Medical College was passed, and an appreciation "of the efforts continually being made by the College Committee on behalf of the students—with especial reference to the New Athletic Ground at Chislehurst" was recorded.

The final summing up of the Council was "that the whole report was inconsistent and based on misinformation, and that the criticisms contained in the report left out of account all the efforts already being made to improve the Students' life and work".

The other aspect of the Students' Union Council we wish to examine is its degree of representation. In fact what it is, as well as what it does.

As a result of last year's Annual General Meeting a new and broader form of election has been introduced. The division of constituencies by Universities is abolished, and the number of elected members is raised from eight to ten. The Electorate is divided into three constituencies: (a) Students engaged in Clinical or Pathological work, who may or may not be qualified, but who shall not be members of the Junior Staff—six representatives; (b) Students not yet engaged in Clinical work—three representatives; and (c) The Junior Staff—one representative.

This is a welcome move towards more satisfactory representation, but the old anomaly still remains of the unelected *ex officio* members of the Council outnumbering the elected members to the tune of about 16 to 10. It is arguable that as they are mostly the secretaries of the amalgamated clubs they are therefore representative. Up to a point this is true, but we would submit that their function might be to advise and to supply technical information to the fully-elected representatives of the whole student body, rather than to wield an equal vote.

CURRENT EVENTS

THE DUKE OF GLOUCESTER

Following his inauguration as President of the Hospital in December, H.R.H. The Duke of Gloucester paid an informal visit, on Thursday, February 17th, to see the Hospital under work-a-day conditions.

He was received by the Treasurer who presented to him the Senior Physician, the Senior Surgeon and Matron. They accompanied him on his tour of inspection. The first visit was to the Great Hall, where various of the Old Charters were displayed by Sir D'Arcy Power; then to see the Deep X-Ray Plant, which was demonstrated by Dr. Donaldson, and in which the Duke took a great interest.

He saw Smithfield and Mary Wards, where the superiority of the new medical layout was stressed, and then His Royal Highness went to Heath-Harrison Ward, where the surgical arrangements were inspected. Some twenty minutes were spent in the Theatre, in which the operating table was put through all its paces; and finally, after a short tour of Out-Patients, our new President left.

We hope this will be a prelude to many more visits.

JOHN ADAMS, F.R.C.S.

(1851-1938.)

It was well said at an eloquent address delivered during the Memorial Service in St. Botolph's, Aldersgate Street, where he was a churchwarden, that John Adams shaped his life on the model of Sir James Paget, who had been one of his teachers. A gentleman, a friend of all worthy persons and a constant lover of the Hospital where he had been educated.

Like his cousin Josiah Oake Adams and his elder

brother James Adams he came from the remote parts of Devonshire to the Hospital. For more than sixty years he lived within a stone's throw of it, and for more than sixty years there was rarely a day when he did not pass into the Square through the Little Britain Gate. Successive generations knew and loved him. Students at first, he watched them climb the ladder of success, many graduating through the drudgery and dangers of the dissecting-room, others by way of the post-mortem room and pathological department. He knew them all, rejoicing with those who succeeded to the staff, consoling those who were unsuccessful, and pointing out that it was an honour to have competed. He himself had been house physician to Dr. James Andrew, a wise physician of the old school, who kept a short wooden stethoscope in his top hat, made a single examination of patients with pneumonia and advised that they should be kept quietly in bed and given an ounce of H.A.A. & camph. His house physiciancy ended, he became midwifery assistant, learnt how the poor lived in the worst slums and was ever afterwards their friend. His work well done he was appointed a casualty physician when, as Robert Bridges has told us, the work was overwhelming. He was thus well on the way to a still higher position, but he had never been to Oxford or Cambridge, and as an opening offered at the Royal General Dispensary in Bartholomew Close he applied, and was at once appointed to the post of Medical Officer. Years afterwards he came into his own, and was elected a Governor of St. Bartholomew's Hospital in 1904, at once taking his share in the duties of the position, and in recent years acting as Chairman of the Drugs and Appliances Committee. During the war he was medical officer to the Red Cross Hospital

for Officers at Fishmongers' Hall. He was, too, medical officer at the Sheffield Street V.D. hospital and at the Thavies Inn centre for pregnant women and their newborn children. At both these charities he did such excellent work on the preventive treatment of syphilis in children that the Hunterian Society presented him with a special centenary medal.

Mr. W. McAdam Eccles writes of him :

It is seldom that a general practitioner has the inclination and opportunity to keep in such close touch with his old Medical School and Hospital as John Adams did.

In and out of the "Square" and the Wards for more than 65 years, it would seem that this must constitute a record.

Short, brisk and fearless, he would speak his mind, and right good it was to hear his Devonian speech, slating or praising us.

It will be long before his memory fades from our midst, and may there be some remembrance of him for future generations of Bart.'s men to revere.

THE COVER OF THE JOURNAL

We are aware that Mr. Eric Gill's design for the cover of the JOURNAL has called forth a great deal of adverse comment. Certain charges such as "indecent", which by the way we have heard from the most surprising quarters, we refuse to take seriously. But there are people who object to it on other grounds.

We have therefore inserted a printed postcard with this issue so that we may know the opinion of our readers.

We would beg those who dislike the design on purely traditional grounds to remember that what is now tradition was once the scandal of yesterday.

BART'S ARTS

The recent suggestion that an art show of work done by Bart.'s men should be held at the Hospital has met with such enthusiastic support that the Student's Council have now set up a small working committee to organize such a show at once.

May 11th, which is of course View Day, has been fixed upon as a tentative date for the opening, and the exhibition would remain open for the succeeding week. Both present and past Bart.'s men are invited to submit oils, water-colours, drawings, woodcuts, sculpture, or any other variety of plastic art they wish. There will also be a section devoted to photography, of which contributors may send in not more than three studies each.

No such limitation applies to the other groups, except that an entrance fee of 1s. will be made for each work sent in, both to assure bona fides, and to help pay the expenses of the show.

It is hoped that the Great Hall may be made available for the show, and April 30th has been fixed as the last day for sending in work.

Numerous members of the Staff have already promised to contribute their own work, and it is hoped that all old Bart.'s men, as well as the students and nurses, will follow their example and send in their contributions at the earliest possible dates.

Work should be sent labelled "Art Exhibition" to College Office, St. Bartholomew's Hospital, E.C. 1.

HUNTERIAN PROFESSORS

Two members of the staff have been appointed Hunterian professors this year : Mr. W. E. Underwood and Mr. H. W. Rodgers. Our congratulations to them.

Mr. Underwood gave his lecture on January 24th. His subject was "Recent Observations on the Pathology of Nephrosis". Mr. Rodgers lectured on February 4th on "The Gastrosopic Appearance of the Normal Gastric Mucosa".

EVEREST

Dr. C. B. M. Warren has started on his third visit to Everest, as a member of the smallest expedition which has yet attempted the mountain. In the *Times* of February 11th we find :

"Dr. C. B. M. Warren (32) has had considerable Alpine and Himalayan experience. He went to Garhwal in 1933 with Marco Pallis, and to Everest in 1935 and 1936. Dr. Warren is in charge of the oxygen apparatus, with which he has carried out some practical experiments in the Alps. The first attempt will probably be made without oxygen, but if necessary and given an opportunity oxygen will be tried later."

We wish him every success.

OBITUARIES

We regret to announce the death of two distinguished Old Bart.'s men this month : Mr. E. J. Toye, M.D., F.R.C.S., and Mr. C. A. Parker, F.R.C.S.E.

Mr. Toye was a Devonshire ophthalmic surgeon, and also a Governor of the College. The College Appeal Fund owes much to his energetic work as joint secretary for the County of Devon.

Mr. Parker was an ear, nose and throat specialist. Much of his spare time was devoted to public service at his home in High Wycombe.

ATHLETIC CLUB HONOURS

We wish to congratulate the following gentlemen who have received Athletic Club Honours for 1937 :

D. S. Morris, K. Butler, D. G. Reinold, N. P. Shields, A. I. Ward, G. A. Beck, D. B. Frazer and G. L. Way.

CHARITY FOOTBALL MATCH

We have been asked to advertise the Charity Rugger Match *v.* Smithfield. This takes place on Wednesday, March 16th, at Herne Hill.

There has always been a close association between Smithfield Market and the Hospital, so that we hope as many people as possible will attend the match—and bring their friends. The proceeds go to the Hospital funds. Tickets can be bought at the Cloakroom.

BART'S ARMS IN CYPRUS

What is the connection between the Lusignan Palace at Famagusta in Cyprus and the Hospital? A correspondent has sent us a picture post card of one of the Gateways of the ruined Palace, over which is an exact replica (or may it be the original) of our shield. The palace was built in 1291.

Can any of our readers enlighten us?

HOSPITAL REPORTS

In the course of our review work we have been sent the *St. Thomas's Hospital Reports*. Just before Christmas we reviewed our own Hospital Reports, so that it is but natural to compare the two publications.

The quality of the articles in both books is uniformly of a very high standard indeed, but at least from two important aspects the *St. Thomas's* production should be taken seriously to heart. Their make-up and illustrations make our volume look almost tawdry—as if still relying on the odour of sanctity of a bygone century. And then by some witchery best known to themselves they manage to sell their Reports for exactly half the price that ours cost. Well, you may say that that only goes to show . . . personally we would rather pay the smaller price!

STUDENT UNION ELECTIONS

The Election of the Student Union Council takes place on March 3rd and 4th. We trust that every student will record his vote this year, in spite of the difficulty of choosing a candidate where no programme is advanced.

The Annual General Meeting will be held on March 11th.

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THE CITY FREEDOM

We wish to congratulate Yeoman Henry Davis, messenger and Hall-keeper to the Hospital, who has been admitted to the freedom of the City. He was appointed to the King's Bodyguard of the Yeomen of the Guard in 1923. This is the highest honour a soldier of the non-commissioned ranks can hold.

PERSONAL ADVERTISEMENTS

Next month we are starting an experiment in Advertising. We are going to have a personal column of line advertisements at 1s. a line (6d. to subscribers of the *JOURNAL*), minimum two lines.

This column can be used for advertising locums, cars which will go on running for thousands more miles, flats to let, skeletons, microscopes, slides, articles lost, livestock (frogs, worms, etc.), and of course for any really personal messages to your divorced wives, lost sweethearts, etc.

We feel that we are here offering a valuable service to our readers, and we hope that full advantage will be taken of it. Advertisements should be sent to the Manager of the *JOURNAL*, St. Bartholomew's Hospital, not later than the 15th of the preceding month.

CANDID CAMERA

Our candid cameraman has lately had the misfortune to be relieved of his camera. At the moment it is difficult to tell which libelled member of the Staff is responsible, but the guilty one may rest assured that our splendid detectives are on his track. *Semper justitia vincit*, so look out!

A correspondent has written to us to suggest that the Candid Camera photographs should be gathered together in pamphlet form for separate publication. At present there are not enough pictures to make a series—our photographer started his nefarious work last May. Later on this idea will be given the fullest consideration.

LECTURES

This month there are several good lectures being given outside the Hospital. One of unusual interest to pre-clinical students is the Special University Lecture in Physiology at 5 p.m. on Tuesday, March 15th, given at University College. Prof. H. H. Woollard will be presiding, and this should be sufficient draw for anyone who has had the privilege of attending his

inspired Anatomy lectures. The Lecturer is Prof. Dr. A. P. H. A. de Kleijn, Professor of Rhinology, Laryngology and Otology at Amsterdam. Admission free: The lecture in English. Subject—"Some Remarks on Vestibular Physiology".

The Chairman of the Council of the British Medical Association, Sir Kaye le Fleming, is giving an address to fourth and fifth year medical students and newly qualified medical practitioners on March 8th. His subject is "The Doctor in the Home". Time: 5.30. Place: The Great Hall, B.M.A. House, Tavistock Square, W.C. 1. Tickets can be obtained free from the Hon. Sec. of the Metropolitan Counties Branch, B.M.A. House.

THE DEBATING SOCIETY

When the pre-clinicals became separated from the Hospital by a quarter-of-a-mile of frozen meat a divorce was bound to follow, but the extent to which this has occurred has been causing growing concern. It is therefore a most hopeful sign that the move to re-found the Debating Society came largely from Charterhouse Square.

Apparently the Society ceased to exist in 1904, but no records remain, and a special meeting of the Students' Union was called to form a new Constitution and to elect Officers. It was decided that one-half of the student members of the Committee were to be pre-clinicals; Dr. Geoffrey Evans was elected President, Prof. H. Hartridge and Dr. Kenneth Walker Vice-Presidents, and Mr. Collard as Hon. Secretary.

The first debate was on that old stumbling-block—whether medicine should be dissociated from politics.

We are interested in the success of this Society, so that it was a shock to find the notice of its first meeting little more than a scribbled green chalk placard. We hope the organisers of the Society will advertise more attractively in future.

NEWS FROM OUTSIDE

We have always liked to think that some at least of the Great National Dailies were *above prejudice* and, even if we had felt doubts of this, the last thought that we could have wished to harbour was that advertisers directed the policy of at any rate the older established London papers.

The matter we have in mind is this: Recently the British Medical Association passed the following resolution which they rightly described as disquieting:

"Only milk complying with the conditions required

for the designations 'tuberculin tested' or 'pasteurized', or preferably both, can safely be consumed without boiling."

The B.M.A. went further than this and decided to allow a very fair sum of money in order to convey this warning, by means of advertisements in the Press, to the public.

Without exception this advertisement was refused by the London Daily Papers, for reasons which appear only too clear. The "copy" in the words of the World's Press News "might be taken as 'knocking' the current Milk Marketing Board advertising". In other words when the B.M.A., an acknowledged and an expert authority, sets out to warn the public of what they consider to be a grave danger, they are frustrated because the national newspapers are afraid of offending big advertisers who have a great deal of money to spend.

In justice it must be added that the *News Chronicle*, following somewhat slowly in the wake of some of the more progressive weeklies and provincial dailies, has printed a modified form of the advertisement just about a month after it had all started. One cannot but feel that the whole affair throws a disturbing light on the standards of present-day journalism.

Those who have been awaiting sensational revelations in the report of the inquiry into the *Croydon Typhoid epidemic* will be disappointed. We were particularly glad to see that no attempt was made to make a scapegoat of the M.O.H. The report contains exactly the information we expected. The Addington well, though safe *per se*, was the cause of infection as workmen, including among their number a carrier, were working in it while its waters were being supplied to the borough, unchlorinated and unfiltered. The report comments upon the lack of liaison among the constituent parts of the borough health service, and in the delay in suspecting water as the cause of the outbreak; it remarks also that the general practitioners were not helped sufficiently by the authorities in the beginning of the epidemic. The Borough Engineer had far too many responsibilities, and the routine care of the water supply was demonstrably inadequate.

Our own comment is that Public Health costs money, and that it is no good spoiling the ship for a ha'porth of tar—or chloride of lime.

The last time we visited Guy's—strictly incognito so as to avoid trouble—we noticed a fair-sized concrete kiosk with a small crowd outside it. Thinking it to be the first instalment of their new Psychological Clinic we went up to find that it was labelled "The Guys' Shop". So far as we could see it provided stocks of tobacco, chocolate, light athletic goods, etc., and was patronized by both students and nurses. We do not know how it is financed; whether it is a private enterprise or is run for the profit of the Students' Union, but it definitely, considered in conjunction with Mr. Girling Ball's letter in the February JOURNAL, put certain ideas into our head.

We should imagine there must be about one thousand smokers, doctors, students and nurses, in daily attendance at the Hospital; between them they must spend something of the order of £250 per week, mostly outside the Hospital.

The £2000 Foxbury deficit would be very adequately cared for if even this comparatively small market were catered for by a Bart.'s Shop. It might not perhaps be possible to open an emporium like Guy's, but we feel sure that smokers would very soon fall into the habit of buying their tobacco at the Hospital if they knew that the profits were helping the College. What do our readers think?

RUGBY STAND APPEAL

**£472 : 6 : 6 is still needed for
the New Rugby Grand Stand**

Will YOU Help?

**Gates are getting smaller
because of the lack of
accommodation**

The need is urgent!

**£127 : 13 : 6 has already been
collected**

**SUPPORT THE CLUB YOU
PLAYED FOR!**

THREE UNUSUAL TUMOURS OF THE SKULL

THREE patients showing unusual tumours of the cranial vault associated with neurological symptoms have been seen recently in the practice of the Surgical Professorial Unit. The pathology and X-ray appearances of these cases is sufficiently unusual to warrant recording them. The cases constitute examples of Ewing's tumour of the skull, localized fibrocystic disease and epidermoid tumour. Whilst this series does not of course present a complete picture of the various causes of localized absorption of the cranial vault, it is hoped that the points in diagnosis will be of interest.

Case 1.—Angio-Endothelioma of the Skull.

In November, 1936, Mrs. J. A—, æt. 57, attended Hospital complaining of a swelling of the left side of the head and paralysis of the right leg. Five months previously a lump had first appeared in the left parietal region, and steadily but painlessly increased in size. Three months previously she began to have weakness and difficulty in walking with her right foot. There were no other symptoms.

On examination of the left parietal region a large conical swelling, the base of which measured 4 in. in diameter, was seen projecting like a sugar-loaf to a height of 3 in. It was attached to the bone but not to the overlying scalp. It was not hot or tender but fluctuated, and had an impulse both on coughing and with the heart-beat. It was irreducible on pressure. The lungs showed diminished air-entry at the right base, with increased voice-sounds and tactile fremitus. The right leg showed a spastic upper motor neurone paralysis with no sensory loss. No evidence of primary neoplasm in the breast, thyroid or suprarenal could be detected, and excretion pyelography was normal.

X-ray examination showed osteolytic destruction of both the inner and outer tables of the parietal bone at the base of the tumour without any bone reaction. Fairly well-defined opacities of intra-pulmonary metastases were seen in both lower lobes.

A biopsy of the tumour showed that it contained numerous cystic spaces enclosing brown altered blood, between which were strands of highly vascular tumour tissue. Sections showed large clear endothelial cells arranged in syncytial fashion surrounding vacuoles containing fluid blood. Mitosis was not uncommon, and giant nuclear forms were seen. A reticulin impregnation revealed a proliferation of reticulin fibrils in intimate relationship with the tumour-cells. The tumour

therefore had the character of a reticulo-endothelioma (Oberling), or the angio-endothelioma type of Ewing's tumour of bone.

Treatment.

In view of the known sensitivity of tumours of this class a course of deep X-rays was given. Six months



FIG. 1.—ANGIO-ENDOTHELIOMA OF SKULL, SHOWING THE TUMOUR SHADOW AND THE AREA OF DESTRUCTION OF BOTH INNER AND OUTER TABLES.

later the patient walked into hospital. The primary tumour had almost entirely disappeared. The power of the right arm and leg were slightly diminished, but there were no abnormal signs in the central nervous system other than moderately increased right-sided reflexes and extensor plantar response. She complained, however, of a constant dry cough due to extensive bilateral intra-pulmonary metastases.

Comment.

Records of cases of primary endothelioma of bone are now numerous. The unusual situation of the primary neoplasm in this case, however, is rare, if not unique. It will be recalled that Ewing originally classified tumours of this class under three heads :

1. Angio-endothelioma.
2. Multiple endothelioma.
3. Diffuse endothelioma.

The occurrence of numerous intermediate types since reported renders such a classification too inelastic, whilst many pathologists hold that tumours of the second group do not exist, but are either multiple myelomata, or examples of secondary deposits from an unrecognized primary neoplasm frequently situated in

the suprarenal or kidney. Owing to the occurrence of these confusing forms of metastatic tumours, the diagnosis of endothelioma should not be made until a thorough search for a primary focus has proved unsuccessful. A sharp distinction exists, however, between the relatively rare angio-endothelioma group and the more common diffuse endothelioma. Angio-endothelioma is a tumour of adults usually over the age of forty developing in the end of the shaft of a long bone, forming a solitary bulky, cystic, highly vascular tumour with pulsation and bruit. Histologically a syncytium of large clear endothelial cells enclosing freely circulating blood is seen, without the presence of fully formed blood-vessels in the tumour. Diffuse endothelioma is by contrast a tumour of childhood or early adolescence, the majority of cases occurring between the ages of 5 and 15. The tumour characteristically affects the middle of the shaft of a long bone, and certain small bones, especially the calcaneus. Microscopically solid sheets of large clear cells are seen surrounding capillary blood-vessels. Both groups are characterized by their tendency to pulmonary metastases and marked osteolytic properties. In this respect it is of interest to compare the X-ray appearances produced in the two groups. Since the neoplasm is non-osteogenic, it

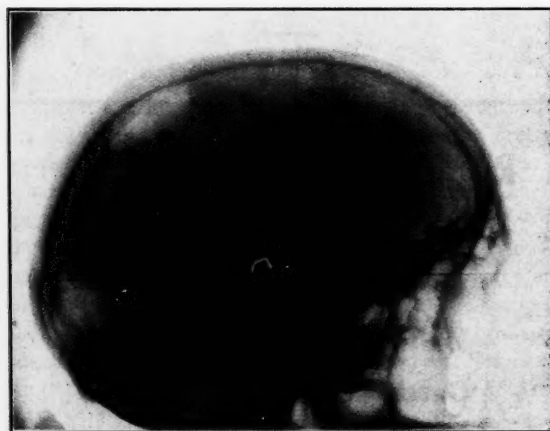


FIG. 2.—OSTEITIS FIBROSA OF THE SKULL, SHOWING EXPANSION OF THE OUTER TABLE IN THE PARIETAL REGION.

would appear that the bone reaction is conditioned by the age of the patient in whom the tumour arises. Thus angio-endothelioma arising at, and after, middle age is characterized by pure osteolysis without bone reaction. Diffuse endothelioma occurring in the more virile bone of young subjects is attended by an osteoformative reaction, which produces X-ray appearances somewhat similar to those of chronic osteomyelitis.

It will be seen from this summary that the situation of the tumour in this case is unusual, if not unique, for an angio-endothelioma. Volkmann reported a large multicystic tumour arising in the occiput of an elderly woman, but we have found no other record. Apart from the situation, however, the tumour is characteristic. The large bulky cystic character of the

margins, continuous with the skull, was present in the left upper parietal region, just posterior to the mid-point between the external occipital protuberance and the nasion. The base of this swelling was roughly $2\frac{1}{2}$ in. in diameter, and the summit was raised half-an-inch above the surface of the surrounding skull.

X-ray examination showed irregular absorption of the inner table and expansion of the outer table of the skull in this region. General examination showed no evidence of primary neoplasm in the lungs, thyroid, prostate, rectum or abdomen. Excretion pyelography was normal. The only abnormality which could be detected in the central nervous system was impairment of two-point discrimination over the dorsum of the right foot; the threshold being 14 cm. here as compared with 6 cm. on the left side.

Biopsy of the tumour was performed and yielded fine fibrous and connective tissue, in which was lying large numbers of pigment-bearing macrophage cells suggestive of old dural hemorrhage.

Operation was performed by Prof. Paterson Ross. A square of bone 3 in. by 3 in. was removed enclosing the tumour. The dura was firmly adherent to the margins of a heavily pigmented depression of the

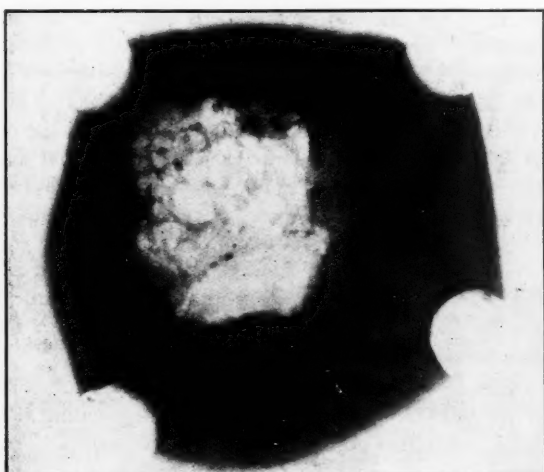


FIG. 3.—X-RAY OF SPECIMEN AFTER REMOVAL, SHOWING CHARACTERISTIC HONEY-COMB MARKING.

growth, the vascularity evidenced by pulsation, the X-ray picture of pure osteolysis with no bone reaction are typical. The presence of pulmonary metastases, the invasion of surrounding structures and the sharp initial response to irradiation further conforms to type.

Case 2.—Localized Fibrocystic Disease of the Vault.

In April, 1936, Mr. C. M—, æt. 61, attended hospital complaining of numbness and stiffness of the right leg. Twenty years before admission he first noticed a swelling of the skull in the left parietal region, which had gradually increased in size. Four months ago he stated that he had fallen down and bruised the left frontal region. He was not unconscious, but had several further falls during the time in which he was walking home. He had, however, retrograde amnesia of half an hour's duration, and next day noticed that his right leg was stiff and weak. This became progressively worse, and recurrent headaches of short duration were experienced over the vertex.

On examination blood-pressure was 120/80, and the Wassermann reaction negative. A smooth bony swelling, roughly circular in shape with ill-defined



FIG. 4.—DERMOID CYST OF SKULL, SHOWING THE DESTRUCTION OF THE OUTER TABLE AND THE DEPRESSED SPUR OF INNER TABLE, WITHOUT INCREASED VASCULAR MARKING.

inner table, which extended as far as the superior longitudinal sinus. Free bleeding from the sinus was arrested by a muscle-graft.

A portion of the bone removed was X-rayed and showed well-marked honey-comb marking of the bone of the outer table. A decalcified section showed fine

fibrous tissue enclosing many large spaces without endothelial lining. Blood-cells were seen among the fibrous tissue external to these spaces, the appearances being those of localized osteitis fibrosa.

Comment.

Osteitis fibrosa and bone-cysts are rarely found in the membranous portions of the skull. Geschickter and Copeland, reviewing the records of the Johns Hopkins Hospital, could find no single instance of such a tumour arising in the frontal or parietal bones in a period of thirty-five years. The prolonged history of this patient prior to the onset of neurological symptoms, which were most probably due to a hæmorrhage following the fall, is typical of this type of tumour. The X-ray appearances of expansion of the outer table with honey-comb markings are also characteristic. This marking presents some similarity to the radiographic appearances seen in hæmangioma of the diploë, but in this condition the trabeculations radiate out from a common centre, and the cortex of the bone, instead of being expanded, is partially eroded.

Case 3.—Dermoid Cyst of Skull.

Mrs. M. N—, æt. 26, was admitted in October, 1937, complaining of a swelling of the right side of the head and tingling of the left hand and face. Four years previously she had first noticed a swelling 1 in. above and behind her right ear which was not present in childhood. One year later she began to experience spontaneous attacks of pins and needles affecting the left side of the face and left hand and lasting for a few minutes. Three months before admission, whilst dining with a well-known neurologist, she had a similar attack lasting for a quarter of an hour, and followed by headache. Examination at this time revealed the presence of the swelling in the right parietal region. An X-ray picture was taken, and whilst lying with the right side of the head on a hard surface pressing on the swelling, a further attack of left-sided paræsthesia occurred.

On examination, over the right parietal region, 1 in. above and behind the tip of the right ear a smooth firm oval fluctuating swelling, 1 in. by $\frac{3}{4}$ in., was palpated. The edge of a bony defect in the skull could also be felt, through which the swelling appeared to be protruding.

X-ray examination showed a large bone defect in this region shaped like an inverted flask, measuring $1\frac{1}{2}$ in. by $1\frac{1}{4}$ in. Stereoscopically a spur of inner table could be seen projecting inwards towards the

centre. Examination of the central nervous system was normal. There was no trace of position sense impairment or dystereognosis in the left hand. Two-point discrimination was normal, $\frac{1}{2}$ cm. on the fingertips.

Operation was performed by Prof. Paterson Ross. A 3-in. vertical incision was made over the swelling, and a dermoid cyst was shelled out of a depression in the right parietal bone, leaving a cavity $1\frac{1}{4}$ in. in diameter. The outer and inner tables were deficient in this area except for a thin plate of bone depressed $\frac{1}{4}$ in. below the normal level of the inner table. This projected like a spur from the postero-inferior angle of the cavity. The depressed bone was removed and the dura opened and explored for any evidence of intracranial extension such as sometimes occurs with dumbbell tumours, but none was found.

A section of the cyst showed a wall composed of fibrous tissue lined with squamo-stratified epithelium.

Comment.

Dermoid, epi-dermoid or cholesteatomatous tumours of the skull are rare, and arise usually within the diploë, expanding both the inner and outer tables. An original case recorded by Muller in 1838 was situated between the tables of the temporal bone. Several other cases of a similar nature have since been described. Rarely a dumbbell-shaped extension occurs from the bone and projects both outwards under the layers of the scalp, and intracranially, producing symptoms from cerebral compression. A case of this type is recorded by Critchley and Ferguson in a recent paper on cerebro-spinal epidermoids. The ætiology of such diploic tumours is obscure. Presumably their origin is from a developmental inclusion, but their situation is inconstant, and not related typically to any definite line of fusion. The diagnosis in the case of this patient is of interest. Prior to X-ray examination, the possibility of a meningioma with destruction of the overlying skull and extra-cranial extension was entertained. The fluctuating character of the tumour, the absence of increased vascular marking of the skull or hyperostosis and the inward displacement of the spur of inner table, visible stereoscopically, made an accurate diagnosis possible before operation, which was therefore performed through a restricted incision.

I am indebted to Prof. J. Paterson Ross for permission to publish these cases. G. C. KNIGHT.

YOUNG OFFENDERS AND THEIR PSYCHOLOGICAL TREATMENT

MANY of your readers will have seen the recent correspondence in the *Times* under the headings of "Crime and Glands", "Punishment and Reward", to which attention was drawn in your last issue.

There are about a thousand Juvenile Courts up and down the country, and the magistrates serving in them have varied views on these questions. Those who hold that the larger number of children and young persons coming before the Courts since the new Act of 1933 reflects a change in the public attitude towards these Courts rather than increased depravity among the young, are naturally anxious that this growing confidence should not be misplaced.

It is generally agreed that roughly between two-thirds and three-quarters of the children found guilty do not reappear, either presumably because on the whole they have been sensibly dealt with, or simply because they have outgrown their youthful misdemeanours. But what of the remaining one-third to a quarter, some of whom unfortunately reappear like a stage army in the Adult Court, in Borstal and in prison? Many of us have met these recidivists on one or more of their appearances in Court. They have no doubt been treated with "unswerving justice", and certainly in most cases the "fear of punishment" has been kept prominently before them, but has the individual concerned or the community been benefited in any way? They represent the failures of our social and judicial system. Although the criminal statistics show that they have not increased in proportion to the increase in juvenile offenders, if we hope to reduce their number substantially it seems clear that we need more light in the early stages when the minds and bodies of these children are still capable of responding to wise treatment.

The 1933 Children and Young Persons Act lays down the "welfare of the child" as the main consideration for the Court once the case has been proved to come within their jurisdiction. On what basis are we to decide on the best steps for his welfare, remembering that our decision may affect the whole of his future life? Clearly, not merely on the nature of the offence committed, as this is admitted to be a most unreliable guide in the case of young people. If the Court is assisted by an informative school report and gives a really qualified probation officer time to make careful home inquiries, sufficient information may be obtained to deal with straightforward cases, but frequently the

report of the probation officer together with the information already before the Court discloses long-standing troubles or baffling symptoms. At this point a decision may have to be taken between leaving the child in his existing surroundings under the guidance of a probation officer, or removing him to a different environment, either in a hostel, a family, an approved school, or even in some cases in a Borstal institution. Much must depend on the child's attitude to his offence and on his capacity to cope with his difficulties. It is at this stage that the Court often feels the need for expert advice.

In London this has been obtained in various ways. The London County Council has provided the services of a part-time medical psychologist at the Remand Home, and his reports, supplemented in some cases by fuller examinations at a clinic, have greatly assisted the Courts in cases remanded in custody. Where the child can be given bail, help has been given by the Institute for the Scientific Treatment of Delinquency, clinics affiliated to the Child Guidance Council, the Maudsley and other hospitals. Similar developments are taking place in some of the large cities, but in many parts of the country no such facilities are available, and Courts where the need is realized depend on purely personal arrangements made to meet individual cases. In London, even where further psychological treatment is not advised or is considered impracticable, such a diagnosis often sheds a flood of light on the whole picture, and assists the probation officer, the parents and the school in their future dealings with the child.

A recent case may serve to illustrate this point. A father and a son of 16 faced each other across the Court in an attitude which appeared quite irreconcilable. The boy's sexual habits had brought him into association with a very disreputable crowd, and had so shocked the father that he appeared unwilling to have any further dealings with his son. After a remand, during which the help of a medical psychologist was secured, the whole attitude changed, and although in this case the boy was never persuaded to attend for regular treatment, the foundations laid at the time of the original diagnosis made co-operation possible between the home, the probation officer and the boy, with the result that he is now, after about 18 months, embarking quite happily on what promises to be a successful career. While the Court would have wished to deal with the case in this way from the outset, it is extremely unlikely that they would have succeeded without the experience and the trained advice of the expert.

The diagnosis often brings to light some educational weakness which can be corrected. Backwardness in

writing or arithmetic may seem too simple matters to glorify by the name of psychological factors, but these bugbears often lead to anti-social behaviour in the child, and in a harassed working-class household it is far from easy for the family to cope with them unaided. At the other end of the scale the expert report sometimes discloses serious mental trouble, which occasionally necessitates certification.

The number of cases in which regular psychological treatment has been advised and carried out is small in relation to the total number of cases dealt with, but includes some remarkable successes. A boy from a rather hopeless home had been in trouble several times for stealing bicycles. His lethargic appearance and his apparent inability to foresee the probable consequence of his actions seemed to make committal to a school inevitable, but a careful diagnosis disclosed both glandular and emotional troubles. He was placed on probation on condition that he lived in a boys' hostel, and regular evening treatment was arranged at a hospital and with a psychologist. The boy has been in no further trouble and in eighteen months has changed beyond recognition. Another boy asked for ten cases of bag-snatching to be taken into consideration. The Court were extremely doubtful about the wisdom of appearing lenient in such a serious case, and he would certainly have been committed to an institution except for the advice of the doctor. He is now reported to be doing well and to have become a successful and happy club leader.

In the case of younger school-children, the practical difficulties of securing regular attendances at a clinic over long periods are often very great. The distance of the home from the clinic and the unsatisfactory background sometimes vitiate the experiment, and point to the need for observation centres where in-treatment can be given.

No doubt many psychologists are critical of the Courts for proceeding very slowly in the direction of psychological treatment, but they will agree that this should only be attempted after a careful diagnosis by qualified people, and never unless arrangements can be made to secure full co-operation from the probation officer and the home or hostel where the child is living. Half-measures can only discredit the whole experiment.

Financial considerations also enter into this question. Except where services are provided by the local authorities, the Courts are in fact sponging on the generosity of individual specialists and on organizations who are obliged to keep going by means of charitable appeals. It seems essential that proper provision should be made in the new Penal Reform Bill enabling

Courts to pay for expert services, if existing organizations are to remain in being and to extend to cover the needs of the country. In London most of the organizations and clinics have long waiting-lists, and suitable cases, anxious for treatment, have to wait their turn.

It is perhaps held in some quarters that the approach to the young offender just outlined involves too great an expense in time and money. But taking the long view, it seems likely that the cost would be negligible as compared with the cost of our present mistakes and with the waste of good material involved. The recently published Report on the work of the Children's Branch of the Home Office contains the following paragraph: "A considerable number of children who were unsuitable for admission have, particularly in the past three years, been sent to an approved school, which it must be borne in mind is not a hospital or asylum, but a place of training. Bad cases of epilepsy, eyesight so defective as to make admission to a blind school imperative, pregnant girls, and particularly those who were so mentally defective as to be clearly certifiable have been received." If, on the authority of the Home Office, such mistakes are still made in comparatively obvious matters, it seems only too clear that many more mistakes must be made in the subtler field of psychological troubles.

We all know the difficulties that sometimes arise in settling the problems of our own children at a turning-point in their career. Imagine, therefore, the tongue-tied child, faced by an unknown bench of magistrates knowing very little about him. Is it fair that his future should be settled in a few minutes on inadequate data and without expert help? Above all, is such a haphazard method likely to produce the best results?

MADELINE J. SYMONS.

A MERRY RESPONSE

Seeing the new cover to this month's JOURNAL reminded me of the following limerick:

*There was a young monk of Siberia,
Whose life grew wearier and wearier,
So one day for fun,
He ran off with a nun,
And now she's a Mother Superior!*

RUSTICANUS.

MEASLES: PREVENTION AND MODIFICATION

IT is becoming a widespread practice to modify or prevent an attack of measles in susceptible people who are known to have been exposed to the disease. The method is by conferring passive immunity, and is both safe and effective. This immunity is short-lived. It is thus generally wise to allow healthy subjects over the age of 18 months or 2 years to have a modified attack, thereby giving them a life-long immunity. In children and adults who are debilitated or suffering from other disorders and in infants it is better to prevent the attack. Infants whose mothers are immune are usually themselves immune for the first few months of life.

Preparations available.

1. Human serum from recently convalescent cases: During epidemics this serum may be difficult or impossible to obtain (see letter from Dr. Harris in the present issue). The difficulty is particularly great outside hospitals. Serum obtained from a known source is obviously better than pooled serum unless adequate precautions are taken to examine every donor to the pool. Stored human serum is known to keep its potency for over a year.

2. Adult serum from those who have had the disease in childhood: Even whole blood from such people can be used. The disadvantage of these is that the dose has to be two or three times as great and the effect is less certain.

3. Immune globulin, human (placental extract): There are several preparations on the market. My own experience of these has been confined to the liquid extract of Lederle. The manufacturers state that the globulin is extracted and refined from the placental blood of healthy mothers, all of whom have had their Wassermann reactions tested. It is readily obtainable, and the effects, particularly when it is desired to modify rather than prevent, at least equal those of convalescent serum. The liquid extract probably retains its potency for a year or more.

Whatever substance is used, serum or globulin, only one dose need be given.

Technique.

The injection should be intramuscular into the buttock. It should be given in the evening, so that any painful reaction occurs during the night. (If whole blood is used it should be collected and given with a paraffined syringe.)

Reactions.

With human serum or globulin there is no danger of anaphylaxis. Delayed reactions are not seen. One injection does not sensitize to another given at a later date. There is thus no contra-indication to giving a second injection after future exposure. Occasionally the injection may cause local pain for the first twenty-four hours. Makers of the immune globulin say that there may be a febrile reaction during this time. Personally I have only seen this when unnecessarily large doses have been given. In a recent school epidemic when one hundred boys were injected with the globulin in normal doses, none had fever.

Dosage and effects.

1. *To prevent an attack.*—Serum or globulin will protect most people from an attack of measles if given in adequate amount during the first four days after contact. The size of the dose will depend to some extent on the size of the patient, but for general purposes the length of time the injection is given after contact is the important factor. The earlier the injection is given the more likely is protection to be complete. To prevent the disease it is probably better to use human convalescent serum. 5 c.c. of serum should be injected at the earliest possible time after contact—anyway within the first four days. Adult serum is less certain in its effect, and requires twice or three times the dose. If convalescent serum cannot be obtained, 4 c.c. of placental extract should be given immediately after contact.

2. *To modify an attack.*—This will be the choice in most instances. The modified attack is mild and there is often only slight catarrh, a trace of conjunctivitis, spots for one or two days and little or no fever. In other cases there is only some catarrh. The dangers of the serious complications of the disease are minimized, and probably a life-long immunity is established. How much an attack can be modified and yet produce a lasting immunity is uncertain. It is maintained by some and seems reasonable that all the symptoms, although in a mild form, must develop. Serum or globulin modifies the attack if given up to the ninth day after contact, and less so up to the appearance of the rash. After this it appears to have no effect. 5 c.c. of human convalescent serum should be given between the fifth and eighth day after contact. Immune globulin, which is equally effective and sometimes preferable, should be given rather earlier. 2 c.c. should be injected between the third and sixth day after contact.

The injection of serum prolongs the incubation period of the disease, and for safety this should be regarded as twenty-one days after contact.

The immunity is brief. A person who has been completely protected against one attack may catch the disease fourteen days later if exposed to further infection. In such cases the subsequent attack will be greatly modified. This is a not infrequent happening in families, and it is important when considering the question of isolation.

E. R. CULLINAN.

A MAD BART.'S DINNER PARTY

THAT very evening I heard the incredible news that the gentlemen at Queen's Square had decided to recognize me as their brother in Æsculapius—*alias* a full-fledged medical practitioner. That night I celebrated. The morning after that night I awoke with such a grotesque head, and oh what terrifying memories of a most bizarre nightmare.

I had dreamt, that in order to celebrate this memorable event in the annals of medicine, the pundits of this ancient and royal hospital were giving in my honour a dinner in the refectory, which had been endued with a strangely festive atmosphere by certain floral decorations, consisting of daisy-headed colonies, ray fungi, and digitalis foliage. All the pundits were there to do me honour. In view of the auspiciousness of the occasion the menu had been carefully and tastefully chosen.

It was a medical menu. For *hors d'œuvre* we had Botulinus olives, Aertrycke eggs, typhoid oysters and Loch Maree duck paste. Next, after many embarrassing cracked-pot sounds from the direction of the kitchen, Typhoid Mary entered with the pea soup. All partook, with the noticeable exception of Dr. G—rr—d, who drank rice-water instead. Dr. James M— greatly enjoyed the next course, which was fish flesh *à la* Hodgkin with anchovy sauce, which Mr. Ruper C— took great pleasure in serving.

Dr. C—ll—n—n, who was surreptitiously chewing whortleberries in order to whet his appetite, gourmandized all the raw beef tongue, leaving not even so much as a solitary fungiform papilla for Dr. Georgie G—, who made amends by a thirst which would have shamed a combined case of diabetes mellitus and insipidus, and whose breath consequently smelt strongly of new-mown hay.

"Mmmm, I can't take that," he murmured as he drained the last drop of a fine rare vintage Benedictine solution.

Following this excellent example, Dr. G—w, who till now had been as aloof as a solitary lymph-follicle, drank

so much prune-juice that he rapidly became collectively unconscious. After this the party became rather disorderly, anybody eating anything in any order anyhow.

Like Alice, I began to feel curioler and curioler. Firstly Mr. Freddie C—, in less than the lagging of a lid, finished all the red currant jelly. Then Mr. Bedford R— began to make a savoury corner in all the cheesy particles that he could put volsella to. Prof. Geoffrey H—, who had a sweet tooth, enjoyed some honey-comb liver followed by a liberal helping of sago spleen pudding sprinkled with grated nutmeg. Dr. Geoffrey B—, with an angina innocens look on his wistful face, ate all the cor bovinum and bread and butter pericardium sandwiches, completely depriving Dr. Geoffrey E—, who was left to allay as best he could his hunger pains with some median fillet steak.

Mr. Geoffrey K— in the interests of his figure was on a fruit diet. This, however, did not prevent him from wearing in his button-hole a bunch of radon seeds.

"By von Graefe, it cuts like an unripe pear," he was heard to remark, as he cut through the *peau d'orange*.

Dr. Charles H— was also on a diet—rather a childish one, however. He consumed a large bowl of pale, frothy porridge, after which he ate a very rickety pigeon's breast, followed by hot cross buns, the consumption of which was so speedy that the only word for it was galloping. Mr. Bill B—, a large cholesterol solitaire glistening on his ring finger, refused strawberry gall-bladder and cream, maintaining that having once had the most notorious gall-bladder on record, he would be satisfied now with nothing less than a mulberry calculus. Dr. Dotty D—, who had just blown in from Charterhouse Square with a very fit appetite, was enjoying a cystic mass, which looked like a bunch of grapes. Dr. John D. B—, however, argued that it looked more like white currants in red currant jelly, and therefore refused to partake. Dr. Wilfred S— wasted no time in useless arguments, but spent his energies in devouring at a rapid rate all the available chocolate cysts, as well as certain structures shaped like pears, 3 inches \times 2 \times 1. Professor W—t—s, who appeared to have a strange lemon tint, ate nothing but marrow jam on very pale biscuits.

Dr. Rox. B—, on the other hand, made a meal of apple jelly nodules and crusts, after which he soon broke out into a strange ham-coloured rash, with the typical butterfly distribution. Mr. John P. H—, helped himself liberally from a supra-patellar pouch full of melon seeds. Soon after his breath smelt strongly of bitter almonds. Then, clearing his throat with a loud brassy bovine cough, the chairman, Dr. Denny B—, arose with ataxic gait from his serpiginous china-clay

stool with its wash-leather base amidst a veritable snowstorm of loud and prolonged rhonchi and sibili to propose the health of the guest of honour. (That's me, if you will remember.)

But owing to a great deal of shifting dullness, and egg-shell crackling emanating from Mr. R-b-r-s, no one was able to hear a word of his excellent scanning speech. I could not but help feeling that it was all like casting epithelial pearls before guinea-pigs.

At this stage Mr. Reggie V—, who had previously been remarkably quiet, began to intussuscept the proceedings by complaining that a mass of cauliflower he had eaten—(the catering was in the hands of the Hospital Catering Co.)—had rendered him victim to one of his one hundred and one recorded causes of intestinal obstruction.

Mr. Basil H— declared he could feel a sausage in the victim's right iliac fossa, and in his opinion the case was one of green apple colic. Mightily pleased with himself for this snappy diagnosis, he gave outward and visible expression to his inner and hidden joy by performing a grand *scène de dance*, which provided an excellent cabaret turn, much to the entertainment of all present.

Noticing the exuberant show of approbation, and being a very practical man, Prof. Paterson R— decided to make use of present opportunities, and went round with the hat. Many and gratifying were the coin sounds heard.

Incited by this generous sight of rewarded artistry, Mr. Naunton M— rose to his festinant feet to recite the limerick concerning the old man of Smithfield who had an inverted Spanish chestnut palpable P.R., but Mr. Harold W— objected on a point of order, his contention being that if there were any chestnuts to pluck he should be given priority in the plucking. Drs. Sc-w-n and Sp-n-ce were also very annoyed with Mr. Naunton M—, and said that in their opinion he ought to be severely pregnylized. But our Mr. N-M— was not to be so easily put off, and decided to give instead a tap-room song and dance.

Racier and racier grew the song, and faster and faster the tapping, until it became so loud that at last I was forced to open my eyes to the fact that my bed-room doorway was occupied ominously by my landlady, anxious to deliver to me a rather important-looking scroll which had just arrived by registered post.

Quickly opening it in a still bewildered state, I discovered that it was my diploma granting me permission to practise as a fully qualified medical practitioner.

L. A. T. HAMILTON.

THE ABERNETHIAN SOCIETY

THERE was a meeting of the Society on Thursday, January 27th, 1938, at 8.30 p.m., with Mr. M. H. Harmer in the chair, at which Dr. R. Russell-Reynolds gave a lecture on X-ray Cinematography.

Dr. Russell-Reynolds preceded his demonstration of X-ray films by a brief description of the history of X-ray cinematography. Attempts to obtain moving X-rays had been made from the earliest days of the cinema, but little real progress had been made until recently. Two chief methods had been attempted, each of which had its own particular difficulties:

1. To allow the X-rays to fall directly on to the film after penetrating the object. The difficulty in this method was to obtain photographs of a large enough area. Separate films had to be exposed in rotation, and then rephotographed and reconstructed later into a continuous film for showing. The first X-ray films had been made by this method early in the present century.

2. To allow the X-rays to fall on to a fluorescent screen, and then to photograph the movements on this screen with a modification of an ordinary cinema camera. This was the method that Dr. Russell-Reynolds had himself followed. The difficulty here was to get enough light into the camera to produce any impression on the film. It was only in the last fifteen years or so that this had become possible owing to the introduction of screens of high luminescence, films of special sensitivity to the particular wave-length emitted by these screens, and by the use of a f 0.85 lens constructed by Messrs. Zeiss. Adequate exposure could now be obtained in $\frac{1}{50}$ second. Another difficulty to be overcome was the danger of applying an overdose of X-rays to the subject. This risk was mitigated by switching off the X-rays between the exposure of each negative on the film by means of a special synchronized rotary switch, and by taking only a short piece of film of each patient, which was then joined into a circle, end to end, and shown repetitively and continuously in a projector so that movements could be studied at length.

Dr. Russell-Reynolds then showed a film of his present apparatus which, while fundamentally elaborate, had been made extremely simple in working.

Lastly a series of the finished products were shown: films of the wrist, elbow, shoulder, knee and ankle-joints in movement, of deglutition and gastric peristalsis, of the heart beating, of intestinal and lung movements,

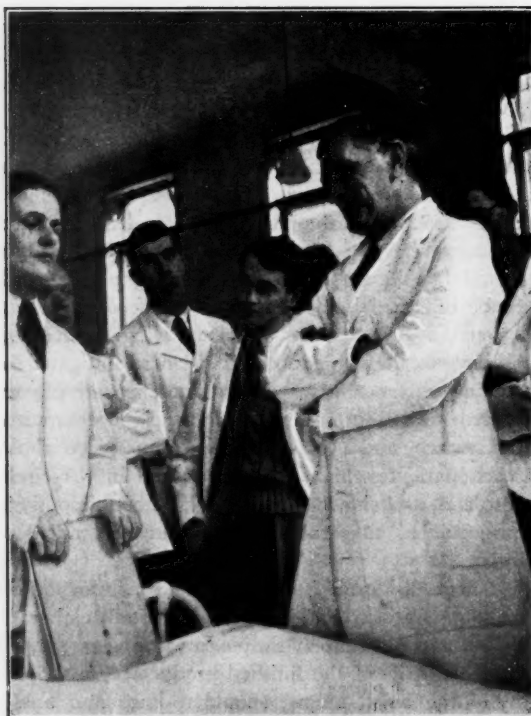
and finally of two hands shaking each other as a farewell gesture. Perhaps the most striking films were those of the shoulder movements, which showed the extreme mobility of the scapula on the thorax, and of the lung in an artificial pneumothorax, which, though collapsed right down to the hilum, showed considerable expansion with inspiration.

Dr. Finzi proposed a vote of thanks to Dr. Russell-Reynolds, and the meeting was declared closed at 10 p.m.

*A good medicine for Incontinency of Urine and
the beginning of a Diabetes.*

Cut off the necks of well-blown Sheeps Bladders, of the remaining membranes put up pretty store one over another into a covered Pot, where being dried gently and yet sufficiently in a Bakers oven, take them out and pulverize them well.

OUR CANDID CAMERA



"I'll give you two guesses."

CORRESPONDENCE

MEASLES SERUM WANTED

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—The Hospital's supply of convalescent measles serum is exhausted. It is important that we should have available a stock of this serum in order that we may protect the sick children in Hospital from contracting measles when one of their number develops the disease after admission. The serum stored by the Hospital is used only for this purpose.

The most effective serum is obtained from healthy adults who have recently recovered from measles. The amount of blood which can be taken without causing the donor any discomfort provides prophylactic doses for about twenty-five children. The serum, once obtained, can be stored for many years until it is wanted.

If any of your readers, other than members of the nursing staff, who have recently had measles are willing to give some blood for this purpose, perhaps they would get into touch either with Prof. Garrod or with me. Valuable help can also be given by readers who bring to the notice of lay people convalescent from measles how valuable the gift of some of their blood would be to this Hospital.

Yours, etc.,

CHARLES HARRIS.

The Medical College,
St. Bartholomew's Hospital;
February 8th, 1938.

SUGGESTIONS FROM OLD BART'S MEN

To the Editor, 'St. Bartholomew's Hospital Journal'.

SIR,—The letter by Dr. Parrish in the St. Bart.'s JOURNAL for February expresses a sentiment which must almost universally be experienced by anyone who revisits his old school, college, university, or other training institution, and finds few familiar faces, and no excuse for his presence in the hum of work carried on by a new generation busy about their own affairs.

May I make a few suggestions? As an old student I should like when revisiting the Hospital to find at the Porter's Lodge, or Office, a list of the lectures or demonstrations given on that day, and feel welcome to drop in and listen; I should like to know which physicians or surgeons are in the wards, and be able to join in without any sense of intrusion; or to attend in a special department. All these can be managed at the present time, but it is not made easy as it would be if the duty of giving information were allocated to a definite and helpful official.

I think old students would feel rather shy of using the Staff Common Room and consider they were intruding, in spite of the Dean's invitation to use the mantel-piece for the feet and the arm-chairs for sleep! But a room for Old Bart.'s men is badly needed, and it is whispered that one may be provided in the Residential College of the future. A small annual subscription for up-keep would, I feel sure, not be grudged by old Bart.'s men.

Again, a "Visitor's book" might be kept at a convenient place, and a glance at this would inform Staff or Teachers of any old students who were "up", and remind them of the right name.

Old students must not expect too much. The Hospital is a beehive; the young generation come first, and the Staff and Teachers are very busy men; but let old Bart.'s men drop any diffidence and shyness, and they will find, as I have done, that the years do not lessen the welcome one receives from former teachers and friends, and that the new ones are carrying on the old tradition.

In spite of Dr. Parrish's letter I think all Old Students will continue to owe a debt to the Hospital for the rest of their lives, and now is the time to start repayment.

Yours faithfully,

The Holt,
Eynsham, Oxford.

JOHN A. HAYWARD.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—Although I agree with Mr. Girling Ball that we should all be pleased to subscribe to the new Medical School and not expect anything in return, I certainly think more should be done for old Bart.'s men when they revisit the Hospital. The fact that so few of

us do go back shows that one does not get much benefit from being a perpetual student.

I would like the following suggestion to be considered by the teaching staff; namely that on one afternoon each month (for example the third Thursday) a series of demonstrations or clinical lectures should be given similar to those given in the excellent post-graduate course. By this means general practitioners in London and the home counties would get the opportunity of keeping up-to-date—getting to know the more junior members of the consulting staff, and also know that if they come to the Hospital on the "post-graduate afternoon" they will probably meet some men of their year.

The subjects of the lectures might be published in the JOURNAL the month before, and should be kept primarily for general practitioners.

I believe a scheme on these lines would be very much appreciated by many general practitioners, and that the members of the consulting staff who gave the lectures would find that their consulting practice would benefit, for when one has left the Hospital a few years it is remarkable how soon one loses touch with the staff.

Yours sincerely,

WARREN A. BARNES.

1, Leighton Street,
Woburn,
Bletchley,
Bucks;

February 6th, 1938.

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—May I make a suggestion about the amenities which might be offered to old Bart.'s men, so as to stimulate and keep their interest in the Hospital?

I know a brilliant surgeon in London who, whenever I send him a case, personally asks me either to assist him at operation, or be present, depending on whether it be a private or a hospital patient.

Could not that same courtesy be extended to us by the surgeons attached to our own Hospital?

I am,

Yours sincerely,

D. A. BLOUNT.

Moreton House,
West Street,
Dunstable;

February 4th, 1938.

ED. NOTE.—We are assured that old Bart.'s men are welcome in the theatres.

POST-GRADUATE TEACHING

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR MR. EDITOR,—The College Committee would welcome suggestions with regard to courses for old Bart.'s men.

Some years ago a Post-graduate Course of a fortnight's duration used to be held annually, but because of its length it was not very popular. More recently there has been held in June a so-called "Week-end Post-graduate Course", starting on a Thursday and finishing on the Saturday. This has been very popular and well attended.

At the moment the College Committee is considering the future policy of the College. One of the suggestions put forward is that these short courses should be extended to include both Saturday and Sunday. You, Sir, have now shown me a proposal by Dr. Barnes that on one afternoon in each month of the year a series of demonstrations or clinical lectures should be given. It seems probable that other Bart.'s practitioners have views on this question of post-graduate courses, which they may like to put in writing and you to publish.

In this connection, too, I would point out that every Department of the Hospital desires to have Clinical Assistants. Some of the Departments find occupants for these posts from time to time, but for others there are no applicants. Further our Professorial Units often have vacancies for research post-graduates. Thus there are already various ways in which old Bart.'s men may usefully return to their old School, and meet the present teaching Staff.

We should be very happy to extend these facilities by any feasible method which may be suggested, provided that it does not make too heavy a call on the time of those whose primary duty is the instruction of undergraduates.

Yours sincerely,

The Medical College,
St. Bartholomew's Hospital,
West Smithfield, E.C. 1;

February 15th, 1938.

W. GIRLING BALL,
Dean of the Medical College.

MEDIEVALISM DENIED

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—In the February number of the JOURNAL, under the heading, "Current Events", a paragraph appeared the greater part of which I take the liberty of quoting:

"One London Hospital deprived the public of its services on the question of paratyphoid in a member of the staff. While it may be argued with all reason that the governing body is the best judge of the necessity for such demonstrations, surely they suggest a very great weakness in the hospital's organization. If a hospital does not possess the means of preventing spread of enteric infections, it surely does not qualify as a medical institution at all. The alternative, which is equally repugnant, is that these moves were made in deference to the current phobia of contamination bred by the advertisers of soaps and patent medicines—"

As the only Bart.'s man on the Honorary Staff of the hospital in question, the identity of which is widely known, I suggest that it is unusual and unfortunate for a representative of one Hospital to publish derogatory remarks about another, particularly when he has clearly taken no steps to ascertain the facts.

The hospital was put in quarantine for nine days in deference to strong advice from the local Medical Officer of Health to the Board of Management, who not unnaturally acted on this advice. The organization and equipment of the hospital had nothing to do with the matter. During this period of quarantine the inmates were thoroughly investigated for infection, and the Out-Patients' Department was transferred temporarily to premises near-by where the work was carried on. As the wards were already full, the effect of the nine days' quarantine on the admissions and discharges was negligible.

Thus the three suggestions of your contributor were all devoid of any foundation: The hospital did not deprive the public of its services. The means of preventing the spread of enteric infections were in no way deficient. The action taken by the Board of Management was not in deference to any current phobia bred by the advertisers of soaps and patent medicines, but was at the instigation of the Public Health Authority.

Your contributor will really have to curb his exuberance and his imagination if he wishes to follow a journalistic career with safety and success.

Yours faithfully,

B. BUCKLEY SHARP.

44, Harley Street,
London, W. 1;
February 13th, 1938.

Our Contributor to "News from Outside" writes:

We are extremely happy to be able to print this communication from a member of the honorary staff of the hospital concerned. He makes it abundantly clear that, as the M.O.H. had reason to fear a generalized infection, the Board of Management had little alternative but to act as they did, and we can in no way question the propriety of their action, more especially as they took steps to provide alternative services for those which they had been compelled to quarantine.

We would point out, and Dr. Buckley Sharp as an old Bart.'s man would be the first to acknowledge this, that the occurrence of enteric fevers in our own Hospital does not provoke such sweeping action. Thus were we led to comment on the matter.

With regard to his last paragraph, we banished such ambition long ago.

HOSPITAL APPEALS

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR MR. EDITOR,—Has the old story of the Elephant and the Mouse regained favour and acquired fresh truth?

In answer to the Dean's letter may I point out that none of the points raised by me on behalf of "old Bart.'s men" apply to me personally.

I live near enough to use and appreciate fully the Hospital services for my patients and myself. This does not, I hope, negative my plea for a greater hospitality to old students revisiting the Hospital.

Mr. Girling Ball for the purposes of his letter chooses to assume that I am aiming at the whole structure of the Appeals, which is, of course, unworthy of him.

We wish him well in these appeals, we are proud to belong to the Hospital, but I, at least, still think that there has been neglect of those who live in the country.

My suggestion will, probably, be useless to those of us who have already been away for years, but it is not impossible to visualize future generations who might benefit.

I appreciate fully the kindness the Dean has shown to me in his letter, and I thank you, the Editor, for printing my letter.

Yours sincerely,

J. PARRISH.

Killasser,
Tadworth,
Surrey;
February 14th, 1938.

RAPPROCHEMENT WITH CHARTERHOUSE

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—While we are fully aware that the new Pre-clinical College at Charterhouse Square offers many advantages and amenities not hitherto enjoyed by previous pre-clinical students, in our opinion a regrettable breach has arisen between the Hospital and Charterhouse Square. And unfortunately this breach is widening as those who remember working at Giltspur Street and the Hospital gradually leave Charterhouse Square.

We think that this division is not unsurmountable, but is largely due to the centralizing of social activities at the Hospital, and in some cases at Charterhouse Square.

One of the causes is that out of the three pre-clinical representatives elected to the Students' Union last year, two of them crossed to the Hospital within a month of their election.

The "Socialist Society" seems to be the only society whose notices regularly appear on our notice-boards; but these do not survive the untiring attentions of those with right wing tendencies.

To book one of the new squash courts we are obliged to go to the Hospital Cloak Room. We suggest that one of these should be bookable this side, but let it be emphasized not for pre-clinical use alone.

The first news that most pre-clinical students hear of the clinical evenings of the Abernethian Society is the report, a month later, in the JOURNAL.

On the other hand Matt Wells is continually complaining that insufficient use is made of the Gymnasium by clinical students.

The Debating Society has made a praiseworthy and successful effort at reducing the gap by inviting pre-clinical speakers, and by holding some of its meetings at Charterhouse Square.

We suggest that with co-operation from both sides the policy of the Debating Society could be applied with success to the general relations between the Hospital and Charterhouse Square.

Yours truly,

A. H. W. BREMAN.
GWYN HOWELLS.

Medical College,
Charterhouse Square.

A UNITED HOSPITALS' RUGBY TEAM

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—I read with considerable regret in your last issue that a suggestion has been made to form a permanent United Hospital Team. For what purpose? For the benefit it seems of two or three individuals from each hospital to the detriment of the individual hospital clubs. Good fixtures would immediately tail off. Those below "United" standard would obviously join "A" teams of London clubs, and for the rest hospital rugby would degenerate into a meaningless afternoon scramble. And for the chosen, let them not imagine they would form the most formidable combination, etc. Fifteen master spirits on the field of play seldom produce the game worthy of their paper names, as several futile exhibitions at Twickenham go to prove.

Any competent observer will readily admit that competition is very far from being a farce for the remaining seven, as results of recent matches prove. It would be most pleasant if two of these seven reached the final. Most of the bitterness lies among the big four, due I think to the lack of the will to win on the part of three and victory at any price on the fourth.

The difference in technical skill between several of these teams is not so very great that success will not attend those with the most determination.

So let the present arrangements stand; let there be more determination for victory, less talk of defeat, and finally let everyone remember that the game was originally meant for the recreation of the team, not as an advertisement or long-term investment for hospitals or individuals.

Yours sincerely,

St. Bartholomew's Hospital, D. G. GRAHAM.

E.C. 1;

February 18th, 1938.

UNITED HOSPITALS' SAILING CLUB

To the Editor, 'St. Bartholomew's Hospital Journal'.

DEAR SIR,—The low figures of membership of the St. Bartholomew's Hospital section of the U.H.S.C., in view of the number of men at the Hospital, has given rise in our minds to the idea that many people probably are not acquainted with the facilities extended this organization for yachting cheaply.

We would therefore ask your indulgence in your pages, as the best possible medium for conveying information to the more intelligent of the student body, to inform any of those who may be interested of the advantages offered by the Club. Briefly these are:

- (1) The smallest annual subscription of any yacht club in the British Isles—10s. per annum.
- (2) A comfortable club-house at Burnham-on-Crouch, with ample sleeping accommodation—1s. per night, 5s. per week—good food and a licence. The dinner costs 1s. 6d.
- (3) Racing during Saturday afternoons in a class of 13 15-ft. one-design dinghies, and the use of these boats and others of the club at all other times, without extra charge.
- (4) Very good prospects of international and ocean racing, or regular berths as crews of other racing craft at Burnham.
- (5) An associate membership of the Royal Corinthian Yacht Club for £1 1s. per annum extra.

Frequent trains run to Burnham on Saturday mornings, taking one hour ten minutes to do the journey, and corresponding trains return on Sunday night.

A week-end of yachting and of avoiding summer London which, coupled with the bite of a buffalo Saki considers avoidable should reasonable precautions be taken, can be obtained for somewhere in the neighbourhood of 12s. to 15s. (depending upon the heat of the summer aforesaid).

Those interested in sailing are invited to the meeting on March 10th, when Dr. W. G. Gill, Hon. Treasurer U.H.S.C., will show cruising films.

Any other details will be willingly provided by either of the undersigned.

Yours truly,

T. E. HARVEY,
Hon. Sec., St. Bartholomew's S.C.;
M. W. L. WHITE,
Hon. Bos'n, U.H.S.C.

February 14th, 1938.

SPORTS NEWS

TWO-TIMERS AND TIGHT-WADS.

Those who study mankind should not neglect to pursue their studies in the Squash Courts. Here they will find not only traces of man's nobler virtues, but also clear evidence of his more degrading vices.

Keeness to win is commendable, but it can too easily become eagerness to win at all costs. There are a few players who seem to think that "by hook or by crook" is a good motto, but are apt to overlook the hook. This weakness takes many forms: there is the man who persistently crowds his opponent, who takes a rather unfair view of what constitutes a "fair view"; the man who remains persistently in the middle of the court so that his opponent has, perforce, to run round him; the man who takes a somewhat liberal view of the height of the court for his own, while adopting a more conservative attitude for his opponent's shots. Still more annoying, perhaps, is the player who refuses to admit that that shot of yours which nicked off the side wall no more than a centimetre above the "tin"—the best shot of the day indeed—was "up".

It is true that one may claim a let, but that hardly meets the case, since it gives these two-timers a chance to win a point which, in truth, they have lost, and there is also the fact that most players are averse to claiming a succession of lets through fear of being thought unsporting. In our opinion, however, it can never be unsporting to claim what is undoubtedly less than one's due. Deliberate misrepresentation of the score is not one of the two-timer's weapons, being too obvious and too easily corrected; none the less, when his score is in doubt he is again apt to adopt a too liberal standpoint, and we have known him to allow his opponent to persist in an error when he had himself, but a moment previously, announced the score correctly.

With shame let it be whispered, in this Hospital have appeared players—with bowed head we write the plural—players who cynically, stingily and immorally plan to cheat the Squash Club out of much-needed revenue. Forgetfulness may account for one or two cases, but the Squash Club complains that far too often are the courts used when no ticket has been bought, and no signature appears on the time-sheet which hangs outside the changing room.

Sixpence per head is certainly not too much to pay for the use of one of the best squash courts in town for three-quarters of an hour, and when it is remembered that there is yet a considerable sum owing on those courts, these petty frauds, these mean little larcenies, will surely cease.

We may be poor but, by Gad! sir, we're honest.

RUGBY FOOTBALL

With a strong gale straining at the flags, it was only to be expected that passing would not be of a very high order; but it was here that Bart.'s had a pull over Moseley, at the Reddings.

Facing into the wind in the first half, the Bart.'s forwards set a hot pace, and heeled the ball with clockwork regularity, Hearn getting in some long passes in spite of the incessant wind.

Moseley as a team were not going well, but nevertheless slipped over the line for a try which was not improved: however, there was no holding our pack, Hall and Graham being in particularly fine fettle, and in the centre, Evans was full of attack. McPherson made two valiant efforts at goal, but only a trench mortar could have defeated that wind.

Before half-time Pleydell got into his stride and touched down, but it was too far out to gain full points, though McPherson put across a magnificent penalty.

In the second half the Moseley forwards saw more of the ball in the set scrums than previously, and in spite of our intelligent use of the wind, made raids on our line. In one of these, Marshall, at full back, saved us from a certain score by a fine tackle, but before the final whistle Moseley had added two penalty goals from infringements unfortunately close to our goal.

Bart.'s were unfortunate to lose by penalties, but this is one of the best games we have seen them play this year, which is encouraging with the Cup-ties close upon us.

Team: G. K. Marshall; M. J. Pleydell, R. I. G. Coupland, J. W. G. Evans, E. Griffiths; M. Laybourn, R. D. Hearn; G. D. Graham, K. D. Moynagh, P. D. Swinstead, R. L. Hall, K. G. Irving, R. Mundy, R. Macpherson, K. Cooke Burrow.

* * *

On the Goldsmiths' ground at Grove Park the **B XV** produced Rugby tactics of such worth, that had the English selectors been present they would have found their difficulties in choosing the English XV to meet Ireland further increased. It has been whispered that Cliff Jones may lose his place to a certain sturdy fly-half whose corkscrew runs have led to the dumbfounding of many an opponent.

A high wind of gale-like velocity blew down the length of the field, in the faces of the Bart.'s men who had lost the toss. It seemed at first that they would be swamped by such a handicap on a muddy ground, especially as the opponents, the **Old Stortfordians**, inevitably made good use of the wind, with high kicks into the Bart.'s territory. However, the forwards shoved like tramp steamers, and more than held their own. But the service from the base of the scrum enabled the three-quarters to change the defending position into one of dangerous offence. They found soon enough that kicking against such a wind was futile, and immediately changed their tactics by bunching closer together and swinging the ball rapidly along the line to the wing men, Ward and Atkinson, whose quickness off the mark made good use of the extra bit of room, allowed them by the quick passing, in which to manoeuvre. These tactics enabled the insides to cotton on to passes outside their wing men, if the latter were brought down, and the enemy were pinned down into their own twenty-five. They occasionally relieved tension by long kicks downfield, but the full-back coolly collected the ball and made touch safely. Cody at scrum-half did great things, and two thrustful runs of his directed to the corner-flag were rewarded. The other score came from a typical three-quarter movement, the ball shooting along the line like a red-hot coal, Ward beating his man by sheer speed and scoring between the posts. Half-time, Bart.'s leading by 9 points to *nil*—not a bad effort in the face of such difficulties. The forwards had worked like men possessed, and good hooking preceded many a quick heel. Cody at the base of the scrum had a perfect understanding with H. V. Morgan, and the two of them quickly set the three-quarters going, as well as varying the attack with individual efforts. With the wind behind them Bart.'s soon clinched the matter, and after several clockwork movements they increased the lead substantially. The forwards, who had been taking things easy, now came into their own, and by dint of intelligent backing-up and quick passing movements amongst themselves produced a riot of scoring. Murley and Thompson scored tries, Murley in particular seeming to reserve a pitch between the posts ready to receive any stray pass that came along, and filling in time by directing scoring operations. Comrade Rochford was ubiquitous, and got through a tremendous amount of good sound constructive forward play. The three-quarters when called upon to do so brought their men down like a flash, and the game ended on a high note with a perfectly executed scissors movement, engineered by Morgan and Heyland, the latter taking Morgan's reverse pass, cutting through the gap, drawing the full-back and giving Morgan an outside return pass, leaving him a clear run for the line.

Bart.'s won by the comfortable margin of 28 points to *nil*. Needless to say, the first half was far and away the best from the point of view of good football.

ASSOCIATION FOOTBALL

In the **second round of the United Hospitals Cup** Bart.'s defeated St. Thomas's Hospital at Chislehurst.

A bitterly cold gale blowing across the pitch made good football almost impossible, but despite this handicap both teams played a hard game with the result in doubt up to the end. On the run of the play Bart.'s just about deserved to win. The forwards played well,

combining together as well as could be expected on such a day. James as usual was marked by at least two men, which allowed the other forwards more room in which to move. Grossmark was excellent, his following up of the loose ball deserving a goal on more than one occasion. Waring returned from Switzerland in time to play his first game this season, and showed his fitness by keen tackling and by scoring the only goal from a free kick. Elder, at centre half, quite subdued Sutcliffe, who was playing out of his usual position at centre forward. Gallimore was his usual excellent self, while the backs and Whitmore did all that was required. The St. Thomas's halves were disappointing, and allowed the Bart.'s forwards too much freedom. Perhaps the result would have been different if Sutcliffe had played in his usual position.

Play throughout was very even, with both sides attacking in turn. Waring took a free kick just inside the Thomas's half and put the ball into the net with a grand cross-wind kick, but the goal was disallowed. A few minutes later he repeated the shot from the same position and scored with the goal-keeper unsighted. This was just before half-time. The second half was very like the first, but Bart.'s had hard luck on at least two occasions, James all but scoring with a header and Grossmark putting just outside from a very awkward angle. With the wind getting colder and colder both teams and the crowd of eight spectators were glad when the end came.

Team: T. K. Whitmore; O. Sookias, J. V. T. Harold; J. O. Gallimore, P. McA. Elder, J. W. B. Waring; C. G. Nicholson, R. M. Osmont, A. R. James, C. S. Grossmark, O. M. Telling.

* * *

In the **semi-final Cup Tie** at Hale End, Bart.'s lost to Middlesex Hospital by the only goal scored.

Bart.'s made one compulsory change for this game, Darke coming in at right-half for Waring, who was ill.

The pitch was wet and muddy, and a cold wind was blowing, with occasional snow. Bart.'s won the toss, and kicked with the wind in the first half, but Middlesex soon showed that they had a style of play far better suited to the conditions than had our men. Hard tackling, quickness on the ball and long and reasonably accurate kicking kept the ball in the Bart.'s half during the early stages. The first dangerous shot, however, came from Grossmark, who fired in a hard attempt from a free-kick, which the Middlesex goal-keeper cleared with difficulty. Soon afterwards the Bart.'s goal was only saved when Whitmore managed to turn a hard shot on to the upright, and the ball was scrambled away. Although there was no score before half-time, Middlesex had had far more of the game than Bart.'s, and were still adopting the better tactics.

Soon after the interval, during an attack on our goal, a free-kick was awarded for handling on the part of Harold, who up to then had kicked and tackled well. The tactics of the Hospital were again at fault here, as most of the team lined up in such a way that Whitmore was unsighted, and the ball was placed well out of his reach.

From that point Bart.'s had very much the better of the game. The whole team was quicker on the ball, and open tactics replaced the former ineffective close passing. Osmont put in one very good shot, which beat the Middlesex goalkeeper, but one of the backs cleared on the line. Indeed, for the remainder of the game the Middlesex defence was very hard pressed, and Nicholson, James and Gallimore were all near to scoring. However, the final whistle went with no addition to the score, and so Bart.'s avoided entering their third successive Cup Final against St. Mary's.

Gallimore, Whitmore, James and Nicholson were prominent. The captain performed prodigies of athleticism in the second half, and had sheer unsupported determination been of any use, James would have scored more than once. However, it must be pointed out that in neither of the two Cup-Ties this season did a Bart.'s forward score, nor did our centre-forward once receive the ball at his feet while in a scoring position.

We wish the Middlesex men good fortune in the Final at Kingston, and if the keenness of their supporters is of any avail, they should have a close struggle with St. Mary's. For the game at Hale End the Bart.'s supporter was outnumbered by more than 40 to 1.

Team: T. K. Whitmore; O. Sookias, J. V. T. Harold; G. H. Darke, P. McA. Elder, J. O. Gallimore (captain); C. G. Nicholson, R. L. Osmont, A. R. James, C. S. Grossmark, O. M. Telling.

BOXING On Thursday, Feb. 15th, the **Girling Ball Boxing Cup Tournament** between four teams, 1st, 2nd and 3rd year Pre-clinicals, and Clinicals, was held in polar conditions, and Charterhouse Square Gymnasium.

The attendance was poor in the extreme; an encouraging feature, however, was the large number of Pre-clinical men present. The standard of boxing was not high, with but one isolated exception; however, to put it conventionally, what it lacked in stature it made up in sheer heartiness.

In the first fight Pezesghi, for the Clinicals, replacing Routledge of 2nd year, was lucky that Brady of 1st year took so long to weigh him up, and to start using his right hand; having achieved this feat of cerebration, however, Brady made rather a mess of a plucky Pezesghi.

The second fight was not a good exhibition of boxing, since neither appeared able to keep his left out. Weston, a Clinical, beat McNeil of 1st year by virtue of his pugnacious aspect, and despite some trouble with his hair, which seemed rather long for this form of sport. McNeil knew rather too many of the more complex points of "la boxe" to support a rather limited left.

In the third fight Atkinson (3rd Year) and Gordon (Clinical) looked very fierce indeed, but did not provide the Roman holiday which their appearance and the weather led us to expect. Throughout Atkinson managed to prop the determined Gordon off with a good left hand, and both gave a pretty exhibition of holding as she is done in the clinches.

The next fight between Mr. Bentall (Clinicals), ex-Captain of Cambridge University Boxing Club, and Mr. Evans of 3rd Year, was far and away the bout of the evening—a good fight of three 2-minute rounds (the others were of three 1½-minute rounds), by two men who were obviously boxers from choice.

Bentall attacked strongly in the first round, but Evans held him at the extremity of his greater reach with a quick left. Evans worked well on Bentall's body, and one to the mark floored the latter in the second round. Bentall recovered bravely, and from this point onwards Evans's clever feet, and shoulders (whisper it very gently, for, as Mr. Runyon says, "This is not such a gorilla as I will be out of line with at any time"), coupled with his long reach and a grand right cross, gained him rather the better of a very good fight.

The next fight was a very gory affair. Miller of 3rd Year was knocked down in the first round by Baldwin (Clinicals), but seemed unaffected. Both fought as though they meant it, and Miller's right swing, albeit somewhat wild, was the most remarkable affair in respect of potential traumaticity that we have seen for some time. Having fought his opponent, and incidentally himself, to a complete standstill, Miller gained a very difficult decision.

The last contest was one of missed opportunities. Levine of 2nd Year crouched securely behind a very inadequate guard, but succeeded in hitting an apparently mystified Perrott sufficiently often to gain the decision.

The Cup—a very modern and worthy affair, was presented by the referee, Mr. Haines, *per pro* Mr. Girling Ball—to Mr. Evans of 3rd Year. Mr. Slowe and Mr. Storey made efficient judges.

SQUASH RACQUETS

The Squash Club's match season is now drawing to a close, and it can be safely said that the team has had a successful one. Up to the time of writing, out of twenty-four matches played, thirteen have been won and eleven lost.

The Club has won the Inter-Hospitals Junior League, and will pass into the Senior League next season. This is a very encouraging achievement in view of the fact that the Squash Club has never been so active in the past, and that it is only since the arrival of the new courts that there has been shown real keenness by the students, Clinical and Pre-clinical, to form a team. Most of the clubs that have been played this season are for the first time, and although a number of matches have been lost, only on one or two occasions have the opponents had an overwhelming victory.

In spite of the above results the team will have to achieve a higher standard of play for next season, if the Club is going to be able to keep the good fixture list of this year, which was the outcome of hard work by the Hon. Secretary.

SWIMMING

The swimming season has now started again, and the Committee wish to draw attention to the fact that the Club evening has been changed from Friday evening to *Thursday evening*, 5.30-7.0 p.m., at St. Mary's Baths, Paddington, in response to popular requests.

The Polo season has started, and the swimming practice will soon begin, so we hope that as many people as possible, both swimmers and polo players, will try to be present.

It is proposed to hold handicap races in the Club during the season. Coaching is always available from members of the team.

HOCKEY CLUB

The **Cup-match replay v. Guy's Hospital** was played at Chislehurst and was lost by 5—0. The play in this match at no time came up to the standard of the previous game, which was drawn.

The first half gave no indication as to which side would win. Early on, Newcombe went down the wing and appeared to be through, but a corner resulted. Shortly after, Bullough put in a hard flick. Again Heyland went through, and it seemed as though the Guy's defence was feeling the absence of Leeming.

The play shortly before half-time became concentrated in our own half. Franklin on their left wing took a hard shot. This was well cleared, as was a second shortly after.

The Guy's forwards took the second half into their own hands. Franklin put in two very hard shots, and Martin completely outpaced the defence to score the other three goals.

The result, though disappointing to us, was that the better team won, the speed and dash of their forwards so disrupting our defence as to give our forwards no chance to reply.

Team: G. A. S. Akeroyd, A. H. Masina, R. E. Ellis, A. G. E. Pearce, E. J. Griffiths, H. R. Marrett, G. E. Tayler, R. Heyland (capt.), J. Bullough, S. R. Hewitt, J. Newcombe.

* * *

A match against **Seaford College** was played at Seaford, and won by 3 goals to none.

This trip started well. Eleven men caught the train at Victoria. By the courtesy of the Southern Railway the train at Lewes was held up while certain appetites were satisfied, and so we reached our destination bathed in sunshine with cool marine zephyrs floating around.

The game was in tune with the day, fast but not too fast. The goal-keeper alone found cause to complain at the cold, and this is explained by the success attending the efforts of the defence.

The goals were scored by Hewitt (2) and Eate.

Team: A. J. Walker, G. A. S. Akeroyd, R. E. Ellis, A. G. E. Pearce, E. J. Griffiths, P. W. Isaac, G. E. Tayler, K. O. Harrison, L. M. Eate, S. R. Hewitt, P. F. Barwood.

* * *

The **Staff College, Camberley**, entertained the Hospital, having won most of the previous matches played against us. This time Bart's won by the odd goal in three.

It was a great satisfaction to be able to reverse the score which has been usual for some time past. The game was played, as is so often the case at Camberley, in very good conditions—the ground was good and fast and the weather, though threatening at times, was kind.

The score at half-time was one all. The Hospital forwards were playing well together. Roberts at inside left was several times within an ace of breaking through, and Heyland gave a polished display of constructive and vigorous inside forward play. The wing halves both marked their men well, but all the defence, with the notable exception of Ellis, were too slow in getting rid of the ball.

The Hospital took the lead early in the second half. The distressing tendency soon after the interval to relax all efforts at marking the opposite man was again obvious. In this game this was fortunately of short duration and the standard of play returned to normal.

Team: A. J. Walker, P. H. Jayes, R. E. Ellis, A. G. E. Pearce, P. W. Isaac, E. O. Evans, G. E. Tayler, R. Heyland, K. O. Harrison, T. M. C. Roberts, J. Newcombe.

* * *

The **Junior Cup-Tie** between St. Bartholomew's 2nd XI and **St. Thomas's Hospital 2nd XI** was played at Chiswick and won 4—3.

Bart's won the toss and soon showed themselves the livelier team and attacked strongly. The forwards combined well, and some clever passing movements between the inside forwards led to an

opening score. A clever flick by Eate made the score 2—0 at half-time.

Thomas's scored soon after the interval from a break-away and Bart's replied with another good shot from Eate. Thomas's then began a great revival, and with Messent *hors de combat* and Walker in a temporary lapse from his first-half form they drew level at 3—3.

Extra time was played, and Bart's recovered themselves to win by 4—3.

Team: A. J. Walker, O. Sookias, A. D. Messent, K. R. Pallot, E. O. Evans (capt.), R. S. Brewerton, P. F. Barwood, T. M. C. Roberts, L. M. Eate, K. O. Harrison, R. A. House.

The **Semi-final** between St. Bartholomew's Hospital 2nd XI and **St. Mary's Hospital 2nd XI** was played at Teddington and won 4—2.

The game was played in somewhat dull but dry conditions. The play was all through very even and the team played steadily and consistently. The forwards played a fine forcing game and the defence was rock steady.

The goals, scored by Eate (2) and Barwood (2), were the results of constructive play of the whole team.

The ball was kept moving fast throughout the first half, and the score at half-time was 3—1 in our favour. The Mary's attack was strong during the second half, but our defence was equal to the pressure and the game ended with Bart's victorious and in the final.

Team: A. J. Walker, J. A. Atwill, A. D. Messent, K. R. Pallot, E. O. Evans, P. H. Jayes, P. F. Barwood, T. M. C. Roberts, L. M. Eate, K. O. Harrison, R. A. House.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

- APPLETON, A. B., M.A., M.D., and HAMILTON, W. J., M.D. (and TCHAPEROFF, IVAN, C. C., M.D.). *Surface and Radiological Anatomy for Students and General Practitioners*. Cambridge, W. Heffer & Sons, 1938.
- ARMSTRONG-JONES, SIR ROBERT, C.B.E., D.L., M.D., D.Sc., F.R.C.P. "Natural Fitness and the Care of the Insane." *British Medical Journal*, December 25th, 1937.
- BATES, T., M.B., F.R.C.S. (W. STEWART, M.D., & T. B.). "Urticaria during Blood Transfusion." *Lancet*, February 5th, 1938.
- BELLAMY, W. A., M.R.C.S., L.R.C.P. "Abnormality of Ribs." *British Medical Journal*, February 5th, 1938.
- BOURNE, GEOFFREY, M.D., F.R.C.P., and SCOTT, R. BODLEY, D.M., M.R.C.P. "Angina of Effort: A Clinical Study." *British Medical Journal*, January 8th, 1938.
- BREWER, H. F., M.D., B.Ch. "The Technique of Blood Grouping and the Indications for Blood Transfusion." *Post-Graduate Medical Journal*, January, 1938.
- "Methods of Giving Blood Transfusions." *British Medical Journal*, January 29th, 1938.
- BURROWS, H. JACKSON, M.D., F.R.C.S. "Some Sacro-Iliac Conditions and their Treatment." *Clinical Journal*, February, 1938.
- COLTART, W. D., F.R.C.S. "Pellegrini-Stieda Lesion." *Proceedings of the Royal Society of Medicine*, January, 1938.
- DRU DRURY, S. G., M.D., B.S.Lond., D.P.H.Durh. "Visceral Disharmony." *South African Medical Journal*, October 9th, 1937.
- EVANS, GEOFFREY, M.D., F.R.C.P. "The Significance and Treatment of Vomiting." *Practitioner*, February, 1938.
- GORDON-WATSON, SIR CHARLES, K.B.E., C.M.G., F.R.C.S. "Origin and Spread of Cancer of the Rectum in Relation to Surgical Treatment." *Lancet*, January 29th, 1938.
- HAMILTON, WILLIAM J., M.D., B.Ch. (Belf.), D.Sc. (Glas.), F.R.C.S. See APPLETON, HAMILTON and TCHAPEROFF.
- HOSFORD, JOHN, M.S., F.R.C.S. "Erysipelas and Cellulitis." *British Medical Journal*, February 12th, 1938.
- "Treatment of Boils and Carbuncles." *British Medical Journal*, February 19th, 1938.
- JONES, F. AVERY, M.R.C.P. (and WILSON, C., D.M.). "Preparation 2020: A New Blood-Pressure Raising Drug." *Lancet*, January 22nd, 1938.
- LANGDON-BROWN, SIR WALTER, M.D., F.R.C.P. "The Dead Hand in Medical Science." *Lancet*, January 29th, 1938.

- LESCHER, F. GRAHAM, M.C., M.A., M.D., M.R.C.P. "Blood Transfusion." *Clinical Journal*, December, 1937.
- "The Modern Treatment of Diabetes Mellitus and the use of Zinc Protamine Insulin." *British Medical Journal*, January 1st, 1938.
- LLOYD, W. ERNEST, M.D., F.R.C.P. "The Differential Diagnosis of Hæmoptysis." *Post-Graduate Medical Journal*, February, 1938.
- MACFARLANE, R. G., M.B. "A Boy with no Fibrinogen." *Lancet*, February 5th, 1938.
- MCGAVIN, D., F.R.C.S. "Latent Carcinoma of the Prostate." *British Journal of Surgery*, January, 1938.
- MAGNUS, H. A., M.D. (and UNGLEY, C. C., F.R.C.P.). "The Gastric Lesion in Pernicious Anæmia." *Lancet*, February 19th, 1938.
- MAINGOT, RODNEY, F.R.C.S. "Primary Carcinomas of the Stomach and Sigmoid Colon occurring Simultaneously." *British Medical Journal*, January 15th, 1938.
- MURLESS, BRYAN C., M.B.(Camb.), F.R.C.S.(Edin.), M.C.O.G. "The Injection Treatment of Stress Incontinence." *Journal of Obstetrics and Gynaecology British Empire*, February, 1938.
- NIXON, J. A., C.M.G., M.D., F.R.C.P. "The East India Company and the Control of Scurvy." *Proceedings of the Royal Society of Medicine*, January, 1938.
- NORRISH, R. E., F.R.C.S. (SIR LANCELOT BARRINGTON-WARD and R. E. N.). "Crohn's Disease, or Regional Ileitis." *British Journal of Surgery*, January, 1938.
- OAKLEY, WILFRID, M.D., M.R.C.P. "Erythrocyte Sedimentation and the Plasma Fibrinogen." *Lancet*, February 5th, 1938.
- PARAMORE, R. H., F.R.C.S. "The Intra-Abdominal Pressure in Pregnancy Newly Considered." *Journal of Obstetrics and Gynaecology British Empire*, February, 1938.
- PAYNE, REGINALD T., M.D., F.R.C.S. "Prognosis in Malignant Disease of the Testicle." *Lancet*, February 12th, 1938.
- PENTREATH, E. U. H., M.R.C.S., L.R.C.P., D.P.M. (E. C. DAX and E. U. H. P.). "Mental Observation Wards: A Discussion of their Work and its Objects." *Journal of Mental Science*, July, 1937.
- ROBB-SMITH, A. H. T., M.B., B.S. See SCOTT, ROBB-SMITH and SCOWEN.
- RUSSELL, H. G. BEDFORD, M.A., B.Ch., F.R.C.S. "The Operative Treatment of Chronic Sinus Infection." *Proceedings of the Royal Society of Medicine*, January, 1938.
- SCOTT, RONALD BODLEY, B.M.(Oxon.), M.R.C.P., ROBB-SMITH, A. H. T., M.B., B.S., and SCOWEN, E. F., M.D., M.R.C.P. "The Marchiafava-Micheli Syndrome of Nocturnal Hæmoglobinuria with Hæmolytic Anæmia." *Quarterly Journal of Medicine*, January, 1938.
- SCOWEN, E. F., M.D., M.R.C.P. See SCOTT, ROBB-SMITH and SCOWEN.
- See SPENCE, SCOWEN and ROWLANDS.
- SIMMONDS, F. A. H., M.A., M.B., D.P.H. (and PAGET, W., M.D.). "Chronic Disseminated Tuberculosis." *British Medical Journal*, January 1st, 1938.
- SPENCE, A. W., M.D., F.R.C.P., SCOWEN, E. F., M.D., M.R.C.P. (and ROWLANDS, I. W., Ph.D.). "The Absence of Antigonadotropic Substances in the Blood Serum of Man Injected with Gonadotropic Extracts." *British Medical Journal*, January 8th, 1938.
- STALLARD, H. B., M.D., F.R.C.S. "Cavernous Hæmangioma of the Orbit Successfully Removed by Krönlein's Operation." *Lancet*, January 15th, 1938.
- "Some Points in the Modern Technique of Cataract Extraction." *Post-Graduate Medical Journal*, February, 1938.
- TREVAN, J. W., B.Sc., M.B., B.S., M.R.C.P. "The Introduction of New Remedies into Clinical Practice." *Proceedings of the Royal Society of Medicine*, January, 1938.
- WEBER, F. PARKES, M.D., F.R.C.P. "A Pulsating Stellate Nævus (Nævus Arachnoides)." *British Journal of Dermatology and Syphilis*, January, 1938.
- (and AITKEN, JANET K., M.D.). "Nature of the Subcutaneous Spherules in some Cases of the Ehlers-Danlos Syndrome." *Lancet*, January 22nd, 1938.
- WEST, RANYARD, M.D., D.Phil.(Oxon.), M.R.C.P., D.P.H. "The Action of Curarine on Respiration." *Lancet*, February 19th, 1938.

REVIEWS

REVIEWS

Annual Report of the Council, 1936. Vol. IV, Part 3. (London County Council, London, No. 3320.) Pp. ii + 156. Price 5s.

Neither the title nor the make-up of this paper-bound volume suggest that it is one for easy reading. Yet the information it contains is of great value. The book is divided into three parts. First are the reports of the Special Units of the London County Council at their Hospitals. Secondly, a series of reports on special subjects are presented, as, for instance, the maternal deaths in the Council's Hospitals, whooping-cough, cerebro-spinal fever, the Council's rheumatism scheme, the incidence and spread of scabies among London's school population. Finally there are reports of interesting or unusual cases which have occurred in the Council's hospitals.

The first section contains the most valuable data in the book. The report of the radio-therapeutic clinic at the Lambeth Hospital for the year ending 1936, and the report of the Radium Centre for carcinoma of the uterus, both give information which is valuable for comparison with results obtained at similar centres of activity elsewhere. Here also will be found the results for 1936 of the thoracic surgery units, the plastic surgery unit, the goitre clinic, to mention only a few. In the second section the record of the Council's activities in the treatment of a series of diseases provides not only figures for comparison, but further than that, sets out the original work which is being evolved in the Council's own hospitals. The details of the Council's rheumatism scheme is of importance to all who practise medicine in London. The third section provides the opportunity to put on record rare diseases which have been worked out in the Council's hospitals, and which have not found a place of publication elsewhere. A solitary case of parasitic liver abscess, a

case of pellagra, a case of conjoined twins (with very effective illustrations) give some idea of the case-reports presented.

The value of the publication does not lie wholly in the material it contains. It affords, also, to the medical public a chance of realizing one facet of the medical activities of the London County Council.

Neuro-Ophthalmology. By R. LINDSAY REA, F.R.C.S. (William Heinemann, Ltd.) Price 42s.

For some years Mr. Lindsay Rea has interested himself in the neurological side of ophthalmology, and his lectures and demonstrations to students and post-graduates at the West End Hospital for Nervous Diseases have become deservedly popular. It is in part the substance of these lectures that has gone to the making of the present volume, and let it be said at once that it is a very good book indeed.

When one considers the years of work that go to the writing of such a volume, and that before ever the writing begins there are many thousands of references to be worked through, many of them in foreign tongues, one realizes that adequate justice cannot be done by any reviewer unless he, too, is prepared to spend years in its study. In the past few weeks I have read many chapters of this book, and have been impressed by the fairness with which the author presents the facts. Dogmatism may be necessary in the teaching of students, but in a work of this size, which is essentially for post-graduate reference, it is out of place.

It is difficult to disagree with many of the statements made, where so much of the subject-matter is proven fact rather than individual opinion, but surely sinusitis should come higher than sixth in the list of causes of unilateral proptosis. In discussing the treatment of interstitial keratitis and its complications, the author states his

belief that the complications at least can be largely prevented by the timely use of N.A.B., mercury and iodides. This is interesting, for it is exactly opposed to the experience of many ophthalmic surgeons, who have stated that treatment with arsenic and mercury neither prevents the onset nor alters the course of the disease in any way whatever.

The book ends with a chapter on headache which many outside the eye profession could read with advantage, though I should have liked to see more space devoted to convergence insufficiency. The reviewer can recommend this work to any ophthalmic surgeon who has felt that he would like to know some more neurology, and can assure him he'll never regret the time he spends in reading it.

Diseases of the Skin. By R. M. B. MacKENNA, M.D. Fourth edition. (Baillière, Tindall & Cox, 1937.) Pp. 557. 46 coloured plates. Price 20s.

It is now five years since the publication of the last edition of this well-known text-book, and with the increase of knowledge of the subject in the interval the fourth edition is found also to have increased again in size. This is unfortunate both for student and practitioner, but must be accepted as almost inevitable. Both groups are beset not only by medical interests which are necessarily much wider than dermatology, but by a growing conviction that this subject is becoming more, rather than less, obscure. The truth of these observations is well illustrated by the passage of a smaller volume, viz., Roxburgh's *Common Skin Disorders*, through four editions in the last five years.

The present edition, like its predecessors, is extremely well produced, and contains, in addition to the old, many new and excellent photographs, both in colour and half-tone.

It was in 1687 that Bonomo showed for the first time that the itch-mite was the cause of scabies, and in the past year the 250th anniversary of that discovery was celebrated jointly by a number of Italian scientific societies. (It is well to recall that before this date the disease was regarded as endogenous!) It is, then, especially appropriate that the present edition should contain an entirely new account of the life-history of *Sarcoptes scabiei* based on the work of Prof. Patton. The whole subject of scabies is, indeed, here dealt with as thoroughly as its importance deserves. Scabies may be the easiest or most difficult of all dermatoses to diagnose, but few diseases show a more dramatic response to treatment, when this is both well-considered and properly carried out.

Dr. MacKenna is to be congratulated on his sustained filial piety in bring his father's text-book through yet another edition.

Vade Mecum of Medical Treatment. By W. GORDON SEARS, M.D., M.R.C.P. (London: Edward Arnold & Co., 1937.) Pp. 368. Price 10s. 6d.

A further addition to the already well-filled ranks of synopses of medical treatment. This publication, however, justifies itself in many ways. It is of convenient pocket-book size, and although not proposing in any way to be complete, contains an account of the conditions most commonly encountered in general practice. The book is arranged in alphabetical order, and is further indexed. In most instances a brief outline of the points of diagnostic importance is given and the special investigations indicated. The scope of the book is varied. The common skin affections are included, as also a brief mention of the common afflictions of the ear and eye. Symptomatic treatment finds a place.

Apart from the much used, well tried, orthodox therapeutic agents, proprietary preparations are used. Now that the number of such preparations has reached enormous proportions, it becomes a matter of increasing difficulty for the medical man to discriminate those of value from those analogous to the "panacea" advertised so extensively in the Daily Press and remarkable only by their expense. All preparations advised in this book have been subject to extensive trial. It is indeed astonishing, though, that in this decade of prontosilism, no mention of the drug was found.

Posological tables and much useful clinical data are included at the end of a handbook which should prove of value, especially to the senior student and young practitioner.

Some Human Ailments. By WILLIAM HOWARD HAY, M.D. (George Harrap & Co., Ltd.) Price 8s.

My impressions on reading this book are best described in the words in which Dr. Hay sums up his account of the causation and

mechanism of hypertension: "This is all very simple, much too simple to be called scientific—".

If the author of this book had put forward the principles, details and results of his system of treatment without trying to justify them on scientific grounds, the reader could not but be left with a respect for the originality and persuasive conviction of the writer, but unfortunately this is far from the case.

Briefly Dr. Hay believes that man should imitate the lower mammals, and be guided entirely by appetite and desire. He should eat only when hungry, drink when thirsty, sleep when tired and work when so inclined! This sounds simple but, unlike the animals, man must at the same time be possessed of an appetite in strict accord with Dr. Hay's ideas on what foods he should eat and the order in which they should be eaten. The author points to the work of recognized scientists on the experimental feeding of rats in captivity as a basis for several chapters of semi-scientific platitudes in which the book abounds, but ignores completely or derides the work of similar men in most other fields of research.

The arguments put forward to justify the view that protein and carbohydrate foods should not be eaten at the same meal reveal an incredible ignorance of the physiology of digestion, and lead to the inevitable conclusion that in achlorhydric protein digestion can never progress to completion.

According to Dr. Hay almost all diseases can be attributed to the accumulation of the toxic acid residues or metabolic end-products resulting from improper feeding. To remedy this the patient is exhorted to build up an adequate "alkaline reserve" against disease, and take steps to ensure that his bowels are well opened after each meal. The former can only be effected if alkalines are taken "in colloidal form", Nature being unable, according to Dr. Hay, to use raw chemicals such as sodium bicarbonate and salts of magnesium for this purpose. I can only conclude that the "alkaline reserve" of Dr. Hay bears no relationship to the alkali reserve of conventional medicine.

For elimination of countless toxins by the bowel, the daily use of the enema is advocated either alone or in conjunction with heroic doses of saline aperients, in order that all residues shall be eliminated within twenty-four hours of the taking of the food responsible. This "24-hour schedule" the author has decided is normal for a man in ideal health.

The second part of the book is devoted to the treatment of a number of common ailments. In brief it consists of a repetition of the same factors, namely improper feeding and accumulation of acid toxins as the one and only cause of such diverse conditions as the common cold, pernicious anaemia, hypertension, diabetes, indigestion and many others.

All other diseases can apparently be readily cured by adopting Hay's System, and such innovations as insulin and liver therapy are unnecessary and unscientific inasmuch as they fail to remove the cause of the disease in which they are given.

A strict adherence to truth is not a characteristic of the book, as can be judged from the following extract from the chapter on the diseases of the blood: "The whole trouble with the liver idea, however, is that if fed continuously the subject becomes progressively more toxic and dies of some toxic manifestation as a result." The statement that Hodgkin first separated lymphatic from splenic leukaemia and gave it his name is in keeping with the general standard of accuracy in reference to accepted scientific work throughout the book.

There may be some who would be convinced by this book that Dr. Hay has discovered a perfect way of living which will eliminate or alternatively relieve all forms of disease, but no man with any knowledge of modern science can believe for one moment that "Hay's System" works for the reasons given by the author.

Poison. The History, Constitution, Uses and Abuses of Poisonous Substances. By HUGO GLASER. Translated into English by MARGUERITE WOLFF. (Hutchinson's.) Price 8s. 6d.

Though written in too hyperbolic a manner to be of serious use to medical men and criminologists, this book should find a place on the shelves of any thorough-going writer or reader of detective fiction. It gives a dramatic description of the action of a wide variety of poisons from gas to tobacco, from atropine to bacterial toxins, and gives the history of their use and abuse in medicine and crime, maintaining throughout a high standard of accuracy, though there are occasional howlers. Sections of particular interest are those dealing with the use of poisonous gases in the last war and

with the development of drug addiction in various countries, while the many instances from real life of the criminal use of poisons would be sure to keep the interest of the lay reader from flagging. There is a full index at the end.

A Stranger Myself. By J. A. COLE. (Faber & Faber, Ltd.) Price 7s. 6d.

It is not surprising to find, in the midst of all the controversy, a novel about nursing. Mr. Cole's book, however, does not bear the stamp of *ad hoc* composition hastily run up in order to follow the headlines. It is a simple day-to-day account of the life in the nursing profession centreing around a nurse whose social background and personal reactions may be taken as typical. The novel is undistinguished in its style of writing, which at times is a trifle adjectival, nor is there any great complexity in the story; ordinarily speaking, there is no plot at all. For once the eulogistic information on the dust-cover with which publishers premedicate their readers has some relation to fact. As they say, "Mr. Cole has a strange and winning power of truthfulness, and his hospital and his Susan Hammond are real products of a real, if imperfect world".

Your reviewer, who has herself trained as a nurse, found it very hard to believe that *A Stranger Myself* came from the pen of a man—not that Mr. Cole writes in any particularly arch or feminine way—but he shows throughout the whole book an amazing sympathy with its subject, and commits not one single technical error in his reference to nursing subjects. It is this quality of sympathy which redeems a book which would otherwise have been undistinguished.

It is a book to be recommended, and we would feel a great deal more confident about the report of the Inter-departmental Committee on Nursing were we to know that each member had his copy.

EXAMINATIONS, ETC.

UNIVERSITY OF CAMBRIDGE

The following Degrees have been conferred :

M.B., B.Chir.—Cane, L. H., Johnson, R. T., Joly, J. S., Lesser, S. A. H.

ROYAL COLLEGES OF PHYSICIANS AND SURGEONS

The following Diplomas have been conferred :

D.P.H.—Landon, J., Williams, J. O., Winslow, V. F. F.

CONJOINT EXAMINATION BOARD

Final Examination, January, 1938.

The following students have completed the Examinations for the Diplomas of M.R.C.S., L.R.C.P., and have had the Diplomas conferred on them :

Bateman, A. D., Bennett, D. L., Burns, B., Chopra, I. C., Dobree, J. H., Edwards, T. A. W., Evill, C. C., Grossmark, S., Halberstaedter, M., Herson, R. N., Ives, L. A., Jayes, P. H., Jones, E. C., Kemp, J. W. L., Longmore, J. B., Messent, A. D., Morse, D. V., Parkinson, T., Rosenberg, E., Shields, N. P., Simmons, G. H. A., Sturdy, D. C., Thomson, A. H., Wedderspoon, J. M.

CHANGES OF ADDRESS

ANDERSON, R. G., 13, Royal Crescent, Cheltenham, Gloucestershire.
BAMFORD, H. C., St. Auvergne, 68, Queen's Road, Cheltenham, Gloucestershire.

BOYLE, H. E. G., Hotel Cranmere, 77, Gloucester Place, W. 1. (Tel. Welbeck 9191.)

BRAIMBRIDGE, C. V., Greyladies, West Malvern, Worcestershire. (After March 12th.)

CALVERLEY, J. E. G., Airrie, Littleworth Avenue, Esher. (Tel. Esher 709.)

CHILTON, N., Sports Club, St. James's Square, S.W. 1.

CLARK, B. M., c/o Union Department of Public Health, Orange Street, Cape Town, South Africa.

DALTON, P. P., 93, Harley Street, W. 1. (Tel. Welbeck 1184.)

HARDY, E., 27, West Cliff Road, Bournemouth. (Tel. Bournemouth 882.)

LYNN, Col. G. RIGBY, I.M.S., Vine Cottage, Trumpington Road, Cambridge. (Tel. Cambridge 5282.) (On leave pending retirement.)

ROYLE, H., Fulford Road, York. (Tel. York 77219.)

THEOBALD, G. W., 3, Strand-on-the-Green, W. 4.

APPOINTMENT

CLARK, B. M., M.R.C.P., appointed Assistant Health Officer, Union Department of Public Health, stationed at Cape Town.

BIRTHS

DURDEN SMITH.—On February 15th, 1938, at St. Bartholomew's Hospital, London, to Yvonne (*née* Neill) and Tony Durden Smith—a daughter.

GILDING.—On January 27th, 1938, to Violet, wife of Dr. H. P. Gilding, Shelfield House, near Alcester—a fourth daughter.

HINDLEY.—On January 13th, 1938, at Kigeme, Ruanda, Belgium Mandate Territory, to Phyllis (*née* Tatham), wife of Dr. G. Talbot Hindley—a daughter.

SYMONDS.—On January 27th, 1938, at C.M.S. Hospital, Kabale, Uganda, to Sonia, wife of Jack W. C. Symonds—a daughter.

WILLES.—On January 30th, 1938, to Kathleen Grace, "Gakie" (*née* Hervey), wife of Surg. Lieut.-Cmdr. Charles F. Willes, R.N., of Abbot's Leigh, near Bristol—a son.

MARRIAGES

LLOYD—THOMAS.—On January, 7th 1938, quietly, at Devynock, Breconshire, by the Rev. David Jones, George Marner, eldest son of Dr. and Mrs. G. W. Lloyd, of Thornton Heath, to Elisabeth Jean McQueen, only child of the late Dr. T. P. Thomas, of Brecon, and Mrs. Thomas, of Tredustan, Senny Bridge.

MCNEIL—STRAIN.—On February 12th, 1938, at Christ Church, Mayfair, Charles McNeil, M.B., R.A.M.C., elder son of Mr. and Mrs. Charles McNeil, 38, Woodstock Road, London, N.W. 11, to Jean Mary, younger daughter of the late Captain T. Strain, M.D., R.A.M.C., and Mrs. Strain, 2, Southwood Court, London, N.W. 11.

DEATHS

ADAMS.—On January 27th, 1938, at 180, Aldersgate Street, E.C. 1, John Adams, F.R.C.S., aged 86.

BOTT.—On January 21st, 1938, at a London nursing home, Robert Henry Bott, Lieut.-Col., I.M.S., retired.

DRINKWATER.—On January 20th, 1938, in a London nursing home, after a very brief illness, Dr. Ernest Harold Drinkwater, of 50, Wimpole Street, W.

PARKER.—On January 26th, 1938, at High Wycombe, Charles Arthur Parker, F.R.C.S.Ed., M.R.C.S., son of the late Rev. Richard Parker, Rector of Claxby-cum-Well, Lincs, aged 74.

SWABEY.—On January 27th, 1938, at Bath, Lieut.-Col. Maurice Swabey, late Royal Army Medical Corps, third son of the late Rev. Henry Birchfield Swabey, aged 69.

TOYE.—On January 25th, 1938, suddenly, at Stanhope, Bideford, Devon, Edwin Josiah Toye, M.D., F.R.C.S.(Eng.), aged 66.

NOTICE

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, ST. BARTHOLOMEW'S HOSPITAL JOURNAL, St. Bartholomew's Hospital, E.C. 1.

The Annual Subscription to the Journal is 7s. 6d., including postage. Subscriptions should be sent to the MANAGER, ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

All Communications, financial or otherwise, relative to Advertisements ONLY should be addressed to the MANAGER, The Journal Office, St. Bartholomew's Hospital, E.C. 1. Telephone : National 4444.